McAllister

May, 1948

R.N.

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1948
Rare

WITH loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

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Photograph of bas-relief of Florence Nightingale from New York City WPA Art Project

editor:
Alice R. Clarke, R.N.
assistant editor
Marion R. Scraver
art director:
Jo Brown

may, 1948 **vol. 11, no. 8**

Circulation 150,000 registered nurses monthly.

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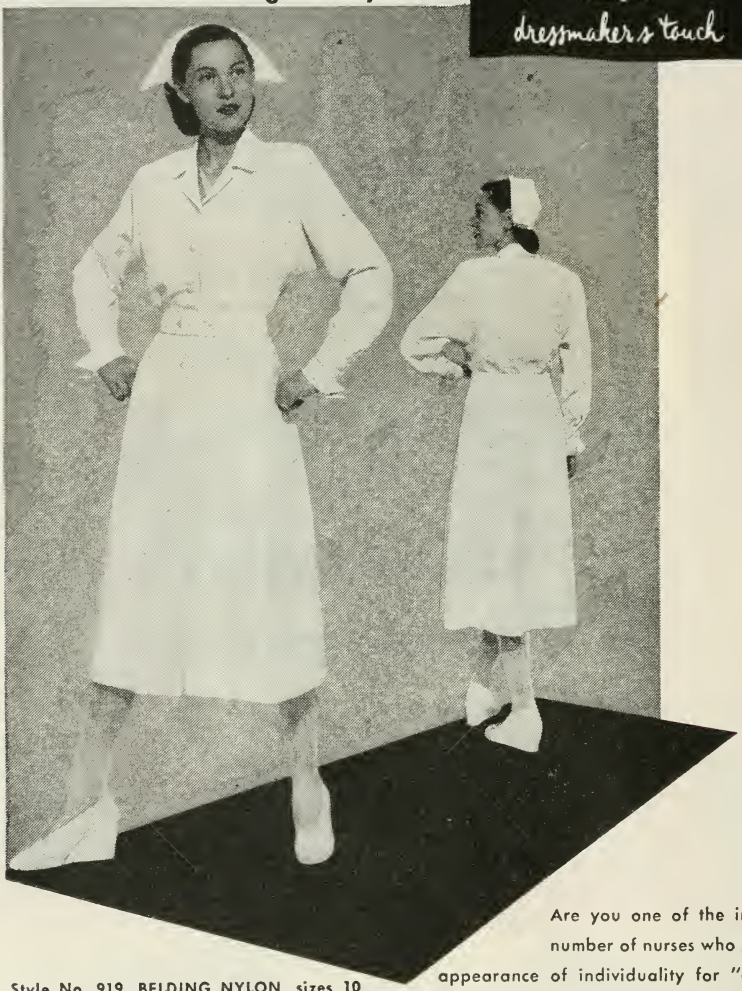
OF CALIFORNIA designs for you...

The professional uniform with a dressmaker's touch



Are you one of the increasing number of nurses who prefer an appearance of individuality for "on duty" hours? Then you'll be pleased with our beautifully tailored **BELDING NYLON** uniform highlighted with smart dolman sleeves, detachable contour belt and unusual winged cuffs.

Style No. 919, BELDING NYLON, sizes 10 to 18, about 15.00.
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Camillo Golgi (1844-1926)
proved it in neurology

Golgi is best remembered today for his detailed investigations of the finer microscopic structures of the nervous system. Golgi's histologic experiences assisted in the development of the clinical study of neurology.

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With smokers who have tried different brands, Camels are the "choice of experience." Try Camels! See how your taste welcomes the rich flavor of Camels. See if your throat doesn't find Camel's cool mildness mighty pleasing. Let your own experience tell you why more people are smoking Camels than ever before.

According to a Nationwide survey:

More Doctors Smoke CAMELS

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Three leading independent research organizations in a nationwide survey asked 113,597 doctors what cigarette they smoked. The brand named most was Camel!

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Let "her," instead, rely on Anacin's swift, sure, prolonged action for freedom from any shadow of menstrual pain.

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for Rapid, Prolonged Analgesia rely on

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WHITEHALL PHARMACAL COMPANY
22 EAST 40th STREET, NEW YORK 16, N.Y.

"Come Live With Me"

Dear Editor:

I am often reminded that there are many, many nurses who are undoubtedly caught in this maelstrom of economic distress and wonder how many there are without homes.

I do have a dear, cozy home of my very own and would love to share it with another nurse who might be willing to help carry the expense of such a plan. I feel selfish living alone nor can I really afford to do so, but the usual methods of making a home pay do not work out ideally in our small village.

I go for a case now and then, but my specialty has always been obstetric and pediatric nursing and I wear down very quickly when at work. The strain of listening is hard and, in the home, one is expected to do 24-hour duty. Moreover, at 60 it is easier to work long hours than to "go and come."

Frankly, I think I have earned my retirement but I shall have to augment my income in some way, perhaps for the rest of my life, unless conditions improve. What do you think of having my little idea expressed in a letter to "Debits and Credits?" Of course, this would be a heavy quest, but it would work both ways. It would be equally difficult for a stranger to accept my plan as for me to accept the stranger. But a correspondence with interested person or persons might eventually bring a great measure of happiness to two individuals.

I am never lonely but I am alone, even in a world of real friends, and I know that companionship is the priceless ingredient that completes happy living.

ELISABETH L. SPOHN, R.N.
SHEPHERDSTOWN, W.VA.

Taxitis Rx

Dear Editor:

The article, "Taxitis," by Elliott Hunt Marrus [R.N., Feb.] states that "cost of uniforms, shoes, stockings, caps, etc., and their laundering and repair" are legal deductions from our income tax.

Myself and many other nurses have been called in by the Bureau of Internal Revenue and told we had made illegal deductions on all of these items. Some nurses have had to pay money deducted as long as two and three years ago with a 6 per cent interest.

If this can be corrected, we would be grateful to R.N. forever.

NORAH I. HALEY, R.N.
NEW YORK, N.Y.

[*The editor of* R.N. *has checked in person with the Bureau of Internal*

A bland, lanolin-rich emollient containing carbamide and natural menthol, Tomac DERMA-FRESH gives cooling, soothing relief without the heat reaction or skin-drying effect of alcoholic solutions. Actually *softens* the patient's skin—and its non-drying qualities protect your hands at the same time!

Sold only to hospitals. A FREE full-size trial bottle will be sent to any Superintendent of Nurses requesting it on her hospital stationery.

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General Offices—Evanston, Illinois

Revenue, Treasury Department, Washington, D.C., and has received confirmation of the ruling as published. The Department reiterated that:

"This office holds that the cost of the uniforms and maintenance thereof, including laundry, is an ordinary and necessary business expense and, therefore, constitutes an allowable deduction from gross income.

"This ruling is not restricted to nurses coming into contact with communicable diseases but is applicable with respect to all nurses in the practice of their profession."

Nurses who experience difficulty when they file for the cost and maintenance of uniforms should refer local authorities to the official ruling. —THE EDITORS.]

Thank You Note

Dear Editor:

I have received an abundance of interesting letters from nurses who read my letter [R.N., Feb.] requesting "pen pals." Many of them were from nurses as far off as California. I want to thank them and plan to write them all just as soon as I possibly can.

MARY GRIFFIN, R.N.
HOLYOKE, MASS.

Pet Peeve

Dear Editor:

Your magazine should be an influential place to refer my pet peeve and see what can be done about it.

We nurses can now appear quite

New vitamin factors in canned foods

THE ROLE of the newer B complex vitamins in mammalian nutrition has been studied by a number of investigators in the last few years. Biotin, pyridoxine, and "folic acid" have been shown by animal experiment to be essential (1).

"Folic acid" has also been reported as effective in the treatment of sprue and certain other types of human anemia (2, 3).

While the physiological properties and human requirements of these new vitamins are not fully understood or completely established, they will probably be elaborated in the near future.

In anticipation of that time attention is being directed to the occurrence of these factors in foods.

Tabulated below are the amounts of these nutrients found in representative canned foods (4).

It is planned in future work to develop more complete information regarding the biotin, pyridoxine and "folic acid" values of this important class of foods.

Pyridoxine, Biotin, and "Folic Acid" Contents of Canned Foods

(Recalculated in terms of four-ounce (113 grams) servings.)

Product	No. of Samples	Pyridoxine Average Micrograms Per Serving	Biotin Average Micrograms Per Serving	"Folic Acid" S. Lactis Factor Average Micrograms Per Serving	"Folic Acid" L. Casei Factor Average Microgram Per Serving
Asparagus, Green	10	34	1.9	6.6	10.1
Beans, Green	11	36	1.5	3.3	8.7
Carrots	10	25	1.7	1.5	4.6
Corn, Yellow	10	77	2.5	1.9	6.3
Grapefruit Juice	11	16	0.3	0.6	1.4
Peaches	9	18	0.2	0.6	1.7
Peas	10	52	2.4	1.9	5.0
Salmon	10	147	11.1	2.9	7.8
Spinach	10	68	2.6	8.4	23.4
Tomatoes	10	80	2.0	3.0	6.1

(1) Nutrition Reviews *4*, 163 (1946)
(2) Nutrition Reviews *4*, 11 (1946)
(3) Am. J. Pub. Health *37*, 688 (1947)
(4) Journal of Nutrition *31*, 347 (1946)

CANCO AMERICAN CAN COMPANY 230 Park Avenue, New York 17, New York

This is the second in a new series of articles which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research and canning technology have reached. We want to make this series available to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, General Research Laboratory, Maywood, Illinois, what phases of canned foods knowledge are of greatest interest to you. Your suggestions will help determine the subject matter of future articles.

The Seal of Acceptance denotes that the statements pertaining to nutrition in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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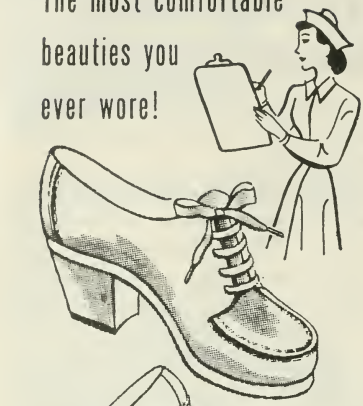
Visit our booth #88 at the Biennial Nursing Convention, Chicago, Ill., May 30-June 5

The most comfortable beauties you ever wore!



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Crafted without a single seam, bulge or ridge on the sole! Not a single nail anywhere! No stiff toe-boxes to cramp your toes! No counters to blister your feet! And such mellow, such soft, such supple calf! Your feet will love your Haymakers... and you'll adore their beauty. White Elk. Also in red, black and brown. Sizes 4-10, Widths AAAA-C $12.95

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Please send me Haymakers at $12.95 pair.
Moccasin Ties: Size___ Color ___
Moccasin Pumps: Size___ Color ___
Check enclosed ☐ Money Order enclosed ☐
Name___
Address___
City___
State___

modish in the new nylon uniforms and hose, but oh! the shoes. I have been pleading with shoe stores and shoe manufacturers for a shoe without laces. Washing white shoe laces seems such a waste of effort. Why not a walking shoe like those easy to find in black or brown, but which never seem to come in white? It has a moderate heel, comes up well across arch of foot, preferably in elkskin leather with perforated toes, and looks trim and neat.

R.N., LOS ANGELES, CALIF.

Physiotherapy

Dear Editor:

In reply to Eleanor Woest's letter [R.N., Jan.], many universities in the U.S., including Northwestern University where I received my certificate in 1941, do not require a college degree to take a physiotherapy course.

Any interested nurse can obtain a list of accredited schools accepting R.N.'s for physical therapy courses by writing to the American Physiotherapy Association, 1790 Broadway, New York, N.Y.

MILDRED G. FELDMAN, R.N.
OAK RIDGE, TENN.

That Dash of Color

Dear Editor:

Why has it become the acceptable habit of so many R.N.'s to tuck a bit of color in the breast pocket of their uniforms? Our uniform manufacturers are trying their level best to create the latest in styles and have

"Cripes, she forgot the Cutter Poisonok —we can't make a break without that!"

No, for rhus-sensitive people, there's only one way to escape from the miseries of poison oak—pre-seasonal protection. And for *that,* Cutter Poisonok is specific.

It's designed for oral administration in ascending dosage—much the preferred method of treatment because you can adjust it to individual needs. Protection lasts from 3 to 8 months—and patients are eternally grateful.

When treatment is needed—Cutter Toxok produces dramatic relief of symptoms. One or two intramuscular injections usually stops the spreading eruption, and reduces swelling and inflammation. Or if the case is mild, Cutter Poisonok can be used effectively for oral treatment—and offers a simple method of prescription for home use.

To help *your* patients escape poison oak, remember

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"I call it 'My Salvation'"

And so will a lot of your patients. Cutter Dermesthetic Ointment can save them from losing their minds — or friends — or jobs. Because it gives prompt and lasting, *triple-action* relief from itching.

Industrial dermatitis — insect bites — poison oak and ivy — allergic rash — whatever their cause, Dermesthetic Ointment *stops the itch.* Right now! Without staining skin or clothes!

Cutter Dermesthetic Ointment's triple action works like this:

First, benzyl alcohol gives *fast, on-the-spot* relief. Then comes phenol for *intermediate, overlapping* relief. And finally, benzocaine takes over for *prolonged* relief.

This itch relief — added to the ointment's bacteriostatic action — also helps to avoid secondary infections from scratching.

Would you like a sample of Dermesthetic Ointment for trial? Just write to Cutter Laboratories, Dept. 50, Berkeley 1, Calif.

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Cutter Laboratories • **Berkeley I, Calif.**

The high cost of living has us walking a tightrope too

The high cost of living is another name for inflation. It hurts us just where it hurts you—in the pocketbook. For when prices are too high, fewer people buy.

We are doing everything we can to keep our prices *down* and quality *up*. To this end, key men from all our companies meet at a round table once every month. They study the best results of National Dairy operations . . . pool brains and experience . . . to bring you *top quality at lowest possible price*.

Here are some figures which show how milk prices compare with food prices, from 1939 to 1947:

Increase in cost of food 106%

Increase in cost of fluid milk . . . 63%

Notice that milk has not increased nearly so much as the average of other foods. Our profit from all of our milk divisions averaged less than ½ cent per quart of milk sold in 1947—far less than the public thinks business makes—and much less than the average profit in the food industry.

Milk—nature's most nearly perfect food—gives you more for your money than anything else you can eat. Our research guards the quality of milk—and cheese, butter, ice cream and other products made from milk—to keep nutrition and flavor at highest levels. Then we make these foods *available at the lowest possible prices to the greatest number of people*.

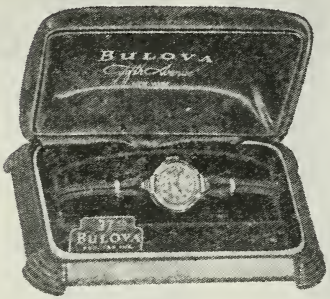
An impartial national survey shows that most Americans consider 10%-15% on sales a fair profit for business. Compared to this, the average profit in the food industry is less than 5%. And National Dairy's profit in its milk divisions in 1947 was less than 2%.

Kraft · Sealtest · Breyers

NATIONAL DAIRY
PRODUCTS CORPORATION

WATCHES and WATCHES
and WATCHES and WATCHES
AND BULOVA

THE NURSES' BULOVA
for a lifetime of beauty and dependable service



$37.50 is all it costs you. Including taxes. It's good for at least 37½ years. That's a dollar a year for perfect time-keeping and the pride you'll have in owning and using this gorgeous timepiece. • It's great for work — it has the sweep-second hand. It's beautiful for dress — 10 Kt. rolled-gold-plate top, steel back, silk cord with ratchet safety clasp. It has 17 jewels and BULOVA perfection and guarantee. There is NO better watch for YOU. • Other watches may be plentiful but THIS BULOVA is still scarce. Our supplies are limited, so, why not order RIGHT NOW?

FOR WORK OR DRESS
THE PERFECT NURSES' WATCH

R. N. SPECIALTY COMPANY,
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Please send me a NURSES' BULOVA If I'm not thrilled I'll send it back for full refund.
☐ Enclosed is remittance.
☐ Send C. O. D., plus C. O. D. fees.
Name_____
Address_____

THE PERFECT GIFT

succeeded beautifully. I, for one, would like to see nurses in uniform condemn that absurd practice of trimming the pocket with a bit of colored lace or dainty material.

What is to be admired—that bit of pink or blue lace or a spotless white uniform? Let's be uniform when in uniform.

R.N., GREAT BEND, KAN.

Conscience Preferred

Dear Editor:

Wouldn't it be better to allow into training all high school graduates who wish to become nurses though they may not be in the upper third of their class? Some of the girls barred from schools of nursing because of grades would make good bedside nurses. When I'm in the prone position, I'd rather have a nurse with a conscience who may not have been a good scholar, than one with high grades, a degree and no conscience.

R.N., DAVENPORT, IOWA

Provoked

Dear Editor:

An advertisement in a Duluth, Minn., paper reads: "Uniforms suitable for nurses, waitresses and maids . . ." This has more than provoked me for I took a considerable amount of "ribbing" from my husband as well as some friends. I cannot say that I blame them for their remarks such as "And I thought nursing was a profession."

People outside our profession

Quality for over 50 years

Dix-Make UNIFORMS

SIMPSON'S Soulette REG. U.S. PAT. OFF. POPLIN SANFORIZED

Styled after the U.S. Navy nurses' uniform is this Dix-Make uniform of exceptional quality and smartness. In fine, sanforized* Simpson's Soulette poplin, it is available in three lengths, short, regular and long.

Pointed club collar, pleated bodice, set-in belt, removable pearl buttons, and french cuffs with pearl links on the long sleeve model.

Dix Style No. 400 with long sleeves . . . illustrated.

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SHORT	REGULAR	LONG

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Visit Dix-Make at The Biennial Nursing Convention . . . Stevens Hotel . . . Chicago . . . May 31 - June 3, 1948 . . . Booths 153 and 154

should be made to realize that we spent three to five years and considerable money to get a professional rating. School teachers are not classed with janitors—why should nurses be classed with waitresses and maids even in a uniform ad?

JACQUELINE H. SULLIVAN, R.N.
MOUNTAIN IRON, MINN.

Rose Dolan

Dear Editor:

We were very much interested in the article about Rose Dolan [**R.N.**, Feb.].

Miss Dolan has been a member of the Comite Americain de Secours Civils and its predecessor, the Comite Americain des Regions Devastees, since 1917 and, as Vice-President and Director of Health and Welfare, is in charge of our activities in France at the present moment.

Incidentally, the Fresh Air School for Children mentioned in your article is called the "Cure de Plein Air," Gionges, Marne, and it was reopened by her during the summer of 1947. Thirty-five underprivileged Paris boys are lodged and cared for there.

EVA DREXEL DAHLGREN
AMERICAN FRIENDS OF FRANCE
NEW YORK, N.Y.

Misconception

Dear Editor:

So much is said about practical nurses and R.N.'s working together. Certainly it can be done. I not only have worked with several practical

Rx

Citrus fruits and juices . . .
. . q.s. ad lib

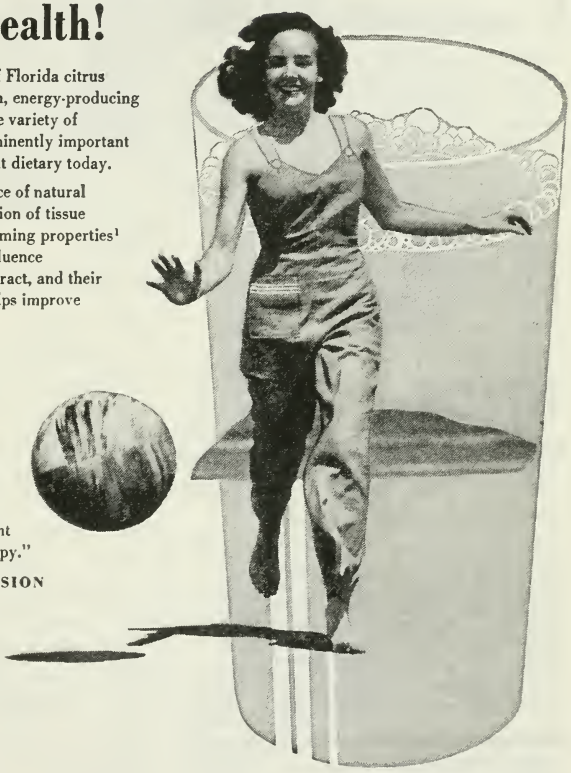
for improved nutrition and better health!

The tangy, sun-filled goodness of Florida citrus fruits and juices, sparked by rich, energy-producing fruit sugars,[2] and boasting a wide variety of essential nutrients,* make pre-eminently important their "prescription" in the patient dietary today.

Citrus fruits are a bountiful source of natural vitamin C, so vital to the restoration of tissue health and vigor.[3] Their base-forming properties[1] exert a markedly normalizing influence throughout the gastro-intestinal tract, and their stimulus to calcium retention[1] helps improve bone and blood building.

Of great value too, particularly in convalescent diets, is their seldom-failing ability to whet languishing appetites.[1]

For growth, pregnancy, lactation, infant feeding, illness or convalescence, Florida citrus fruits and juices—canned or fresh—constitute potent (and pleasant) "supportive therapy."



FLORIDA CITRUS COMMISSION
LAKELAND, FLORIDA

**Citrus fruits are among the richest known sources of vitamin C; they also contain vitamins A, B_1, G and P, and other nutritional factors such as iron, calcium, citrates, citric acid and readily assimilable fruit sugars.*

References

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2. McLester, J. S.: Nutrition and Diet in Health and Disease, W. B. Saunders Co., Philadelphia, 4th ed., 1944
3. Sherman, H. C.: Chemistry of Food and Nutrition, The Macmillan Co., New York, 7th ed., 1946

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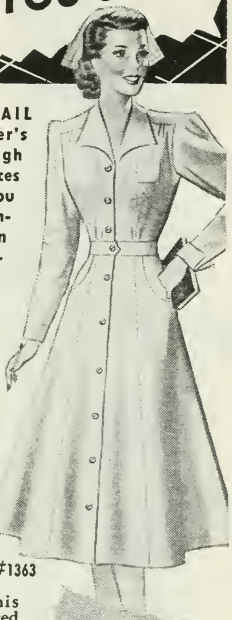

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LUXURIOUS
NYLON
$9.95 Style #363

Short Sleeves—Style #1363

The Nylon in this beautifully tailored uniform has the "feel" and richness of heavy silk. It dries quickly — needs no ironing. 7 gore skirt, set-in waistband.
A $13.00 value
Sizes 11-15; 12-44

ALSO IN SHARKSKIN
Style #463
Short sleeves #1463
$6.50

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City..... State.....

nurses, but had one at home after a long siege of illness. The doctor felt, as an R.N., I could tell her how to do things. Not only was she clean and cooperative, but her undergraduate club phoned to find out if she were satisfactory.

Not so the "practicals" who set themselves up as office nurses. The only nursing they know is what the doctor teaches them. Yet, on all sides, you hear, "she is the office nurse." Why can't the public be educated to see that it takes more than white shoes and a white uniform to make a nurse?

R.N., LOS ANGELES, CALIF.

Oldest Hospital?

Dear Editor:

According to Virginia Harrell in her article, "Paper Containers—Boon to Hospitals" [R.N., Dec., 1947], America's oldest hospital is "historic Pennsylvania Hospital in Philadelphia." That's certainly news to me and I hope to every other R.N. who read it.

According to my history of nursing book and Foote's "State Board Questions and Answers for Nurses," page 1065, 23rd edition, "the first hospital in the United States was founded in the year 1658 on Manhattan Island and later was known as Bellevue Hospital."

VIRGIE LUTZ LITTLE, R.N.
NEW CASTLE, PA.

[*There has always been some question as to which is the oldest hospital in the U.S. Pennsylvania Hospital claims priority on the*

for **soft smooth hands** that people admire...

morning

noon

AND night

Now you can have those well-groomed hands *On Duty* as well as *Off Duty*—in spite of the drying damage of frequent scrubbings, soap and water.

With **TRUSHAY** *that is.*

For TRUSHAY starts off by being the most luxurious softener that ever smoothed your skin—rich as cream—but without a trace of stickiness. It's sheer delight to use at any time.

And that isn't all.

For TRUSHAY does double duty with its unique "beforehand" extra. Smoothed on *before* frequent washings, TRUSHAY protects your hands even in hot, soapy water—guards the skin by helping to preserve its natural lubricants.

Begin today to use TRUSHAY—and when patients admire your well-groomed hands, tell them about the lotion with the

"beforehand" *extra—*

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'A good formula deserves a good nurser!'

Evenflo air valves relieve vacuum. *Nipple made of pure natural rubber.*

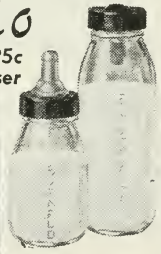
A good formula is wasted if baby must exhaust his limited energy trying to get it. To insure smooth nursing, many doctors prescribe modern Evenflo Nursers. Evenflo's valve-action nipple makes it easier for both premature and normal babies to finish their bottles better. Mothers like Evenflo because it is handier to use. Sold at baby shops, drug and dept. stores.

Evenflo

America's Most Popular Nurser

25c

It breathes as it feeds



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Approved by Doctors and Nurses

grounds that it received its Charter in 1751 and "it has always been devoted entirely to the care of the sick, whilst older foundations included the care of orphans, the aged and the insane, and also the relief of poverty."—THE EDITORS.]

Wheel Chairs

Dear Editor:

I am writing in behalf of the 300-400 patients with Hansen's Disease at the U.S. Marine Hospital, Carville, La., with whom I visited recently. Some of them have expressed the need for wheel chairs which can be motivated by the feet or silent motor. Perhaps you or some of your readers would know where they can be purchased.

R.N., HUMPHREY, NEB.

Could Be!

Dear Editor:

I agree 100 per cent with R.N., Springfield, Ore. [**R.N.**, Nov. 1947], that nurses' salaries should correspond with their doctors'.

It is true that the doctor has the responsibility of performing the operation and issuing proper orders; but it is also true that he needs a competent nurse to carry out orders, keep him informed of his patients' condition and render first aid, if necessary.

Maybe our problems would be solved if all nurses became Sisters of Charity. At least we would have assurance of security.

R.N., NEW ORLEANS, LA.

Gibson Girl model—No. 913 *Hollywood Classic—No. 110*

FOR FASHION-WISE NURSES

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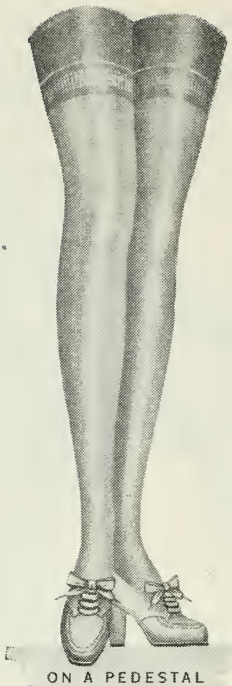

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SCIENCE SHORTS

Two University of Chicago scientists have found a commercial dye, toluidine blue, to be a potent antidote for the blood "thinning" effect of overexposure to atomic particles and rays.

A new German drug, aludrine sulfate, which can be self administered and does not raise the blood pressure, has been reported by the Commerce Department as a possible treatment for asthma.

American government investigators came upon a new milk treatment in Milan, Italy, where they were studying wartime development of dyeing materials. It was found that a small amount of hydrogen peroxide mixed with the milk produced perfect sterilization for three days without affecting the taste.

In the JAMA, *Dr. J. Charles Franklyn suggests that penicillin is superior to silver nitrate in preventing infection in the eyes of newborn infants.*

Two AMA accepted drugs, mannitol and sodiumpara-aminohippurate, are claimed by their manufacturers to be the only two products presently available for the accurate estimation of kidney function. The latter, commonly known as PAH, has also been used successfully in large doses for elevating penicillin blood levels in treating subacute bacterial endocarditis.

The word CANCER comes from the Greek for crab *because the veins and hardened tissue extending from it were compared by ancients to the claws of a crab. (Webster)*

Dr. Charles J. Wells at the Congress of Anesthetists stated that a high protein content in the body lessens considerably a patient's danger during and after a major surgical operation.

For every 1,000 veterans discharged, one is released with tuberculosis. Dr. John Barnwell of the Veterans' Administration predicts in the Health Pilot *that tuberculosis among veterans will reach its peak in 1975.*

A 30-year-old Russian scientist has been successful in exchanging the hearts and lungs of dogs for the same organs of other dogs. The dogs lived for about eight days after the operations and died as a result of developing pleurisy in the thoracic cavity and not from a disturbance of heart action.

Through experiments on white rats, Dr. Henry Clapp Sherman indicated the possibility that large amounts of vitamin A might add 10

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years to the "prime of life" period of humans.

For long-suffering persons allergic to feathers, the Glasdown Pillow, produced by the Owens Corning Fiberglass Corporation, will be a welcome innovation. Made with tiny fibers of glass which do not penetrate the pillow ticking, the Glasdown is accepted and approved by the Council on Physical Medicine.

The chemicals in an adult human body, said until recently to be worth 98 cents, have now been revalued as worth $31.04.

Wheel chairs are part of the standard equipment on the basketball floor at the Veteran's Hospital in Van Nuys, California now, according to Everest and Jennings, manufacturers. Strong and mobile, the folding wheel chairs are used by handicapped veterans in "rough and tumble games."

To provide proper nutrition, fats are essential, and a moderate increase of fats up to 200 grams in the dietary treatment of infectious hepatitis is advocated in an article in the American Journal of Digestive Diseases.

Such is modern science that injections are possible without the use of needles. The Sub-Q-Jet, designed by a diesel engineer, forces a liquid into the skin under very high pressure and the *American Practitioner* suggests its potential practical value to pediatricians.

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You know, you do more for your patient than you might think . . .

For instance, your crisp clean uniform and your air of confident grooming go a long way to brighten your patient's day.

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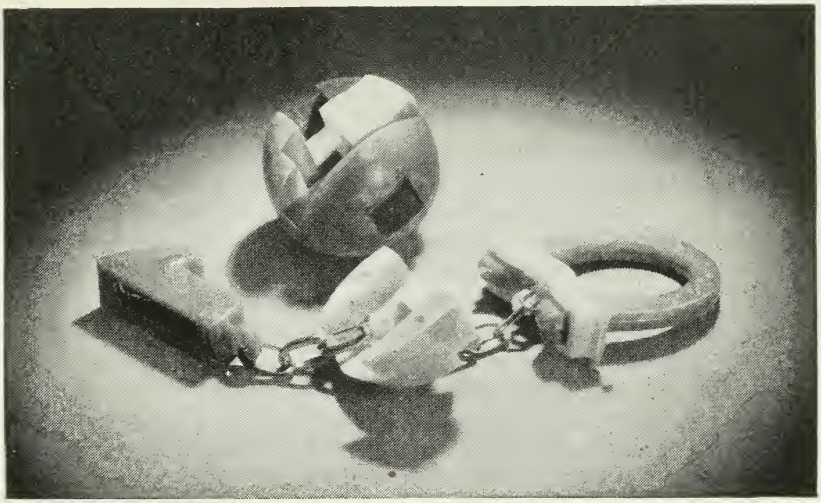
VITAMINS...

ARE STILL A PUZZLE, TOO!



Just where *do* vitamins fit into the puzzle of human nutrition?

Knowledge of the subject has advanced phenomenally in the past two decades. But more needs to be learned. For example, trial-and-error findings have revealed vitamins as ineffective in certain pathologies.

Even today, with the field of valid application narrowed, research continues apace. Research to determine minimum and optimum needs in human diet...and to uncover the mechanism by which vitamins perform their functions in human metabolism.

To promote better nutrition, Sugar Research Foundation has been supporting projects of a fundamental nature...designed to estimate more accurately the role of the B-complex vitamins in the metabolism of the carbohydrates. Information about these investigations will be sent on request.

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R.N. Speaks: "WHO'S TO HOE,

BECAUSE THE STRUCTURE study will have prominent "billing" at the Biennial Convention, it is not too early to start thinking on this subject. In fact, thinking should not be limited to delegates and district members alone. It might not be too much of an Utopian idea that opportunity for study and discussion of the newly presented Plan for One National Nursing Organization be extended to all professional nurses in the district area, regardless of their active membership in the association.

This new Plan, which has not yet been formally accepted by the Boards of the six national nursing organizations,* is much simpler in design and, in its explanatory text, much more readily comprehensible than was either of the two Rich Plans. Set up flexible and changeable, we are told it is offered purely as a point of departure for discussion and study, and is in no way to be considered a final plan. Its approach —a natural— is from the district upward, or so it gives that impression. It outlines structure for national, state and district organizations, following the links in the present district-to-state-to-national ANA chain.

"Let's begin in the community. Find first a form of local organization that will *meet the needs of nurses where they do their work and meet nursing needs of the community.* Then build state and national organization on that."

In this statement the Committee on Structure sounds the keynote of the new Plan. This sound principle puts us on the right track for finding the answer to our structural problem.

Our comment now is not on the Plan or any of its provisions— discussion of these things must come later. At present, we must focus thought on *how we are going to attack or study the plan.* And as Sally Johnson of Massachusetts General Hospital fame, now retired, said many years ago of a similar problem in nursing organization, "Alright, the seed has been planted, now tell us—who's to hoe, water and bug us."

The Committee rightly urges the wide and thorough establishment of district and state structure committees to continue the study. At long last, it appears to be recognized that decisions must come from

WATER AND BUG US?"

the heart of the organization, the district—the area where nurses live and work, confer with each other closely, where purposes and results of nursing have their sharpest realities.

It is in the district where the individual member has her greatest power for action and greatest responsibility. If we interpret correctly the philosophy of the Committee on Structure, this new Plan will stimulate a district activity of inestimable value in our political education. We believe that nurses are not only amenable to such activity but are eager for it. The discussion on the Rich plans aroused a rather apathetic profession to a keen realization of the value of organization. Today nurses want four things: effective guidance, a program they can understand, objectives that inspire them, and a chance to express themselves in words and action without jeopardizing their positions or future.

The confusion attending the study of the former plans should not be repeated. We need to be guided by principles and outlines of orderly procedure if the results of our studies are to be measurable and of value. It should be remembered *that we have great unevenness in district development and district grasp of ideas.* This brings up the question—how can we insure uniformity of results without uniformity in study procedure?

Obviously, we cannot study a national and state plan already set up, and at the same time work out a district plan that can be adopted by state and national. One of the causes of all the confusion and indecision surrounding last year's study of the Rich Plans was the average nurse's inability to get her teeth into the problem. We must find a vulnerable spot for that bite this time and such a statement prefacing the new report as: "It will be easier to follow the Committee's thinking, therefore, if national structure, in which all elements are apparent, is considered before state and local structure" does not dispel the confusion.

The Committee on Structure's eight specific "premises" that are the core of whatever plan the districts set up call for districts to determine the most efficient form of organization for today. [*Continued on page* 78]

CANDID COMMENTS—

Dear Seniors:

Many of you are puzzled today about nursing as a career. You are wondering if you made a wise choice. None of you has missed the cries of "crisis," the complaints about pay, the criticisms of how badly "they," our leaders, have managed things. You've heard the gripes of some nurses, watched the indifferent work of others. You know about the censures coming to us from the outside. I asked a representative group of students recently how many had read the famous article in which we were publicly scolded by a feature writer. Every hand went up.

With the sharp realism of youth you are examining the situation. Is nursing worth while? Yet not one of you but wants to believe with all your heart that nursing is everything you expected it to be when you chose it as a career. And you can do so! There is nothing wrong with *nursing*. It has reached a point of usefulness, prestige and opportunity beyond anything we have ever known. The things that are wrong are with certain of its *environments*, its conditions of practice—wrongs that crept in and accumulated while we were busy building a profession. There isn't a single major wrong that can't be cured, and that won't be cured.

We are apt to forget, in looking at our troubles, how young nursing is and how far and fast it has traveled. It took 75 years of prodigious, selfless, intensive work to bring nursing to its present respected and useful place. Thousands and thousands of nurses helped build it—with their money, their scant leisure and their unstinted devotion. Hours of work in those building days were always long; the eight-hour day was a Utopian dream. The work was endless for it often included housekeeping jobs. Paid vacations and expense accounts were non-existent, yet our early leaders found the means to work mightily for the profession as well as for their patients.

The story of how our young state associations toiled to get nurse practice acts in every state is a saga equal in drama to any of our American frontier tales. Small bands of nurses, on their own time and money, camped at the doors of legislatures; they endured the snubs and sneers and fought until they got a toehold in state legislation. Year after year since then the fight has gone on, sometimes to hold what has been gained, oftener to improve on it. As a result, you can hold your head high over the "RN" you will get.

Alongside these women stood the

MESSAGE FOR THE COMING GENERATION

by Janet M. Geister, R.N.

nurse educators, struggling always against big odds to lift nurses' training out of its apprenticeship into true nursing education. Recently I read over many old annual reports of the National League of Nursing Education. It was awe-inspiring. These nurses aimed at miles of gains, took the grudging inches and kept right on. Every inch of gain represents long battles, and the battle is still going strong.

Out of all this has come something pretty wonderful. Nursing has come of age. It walks shoulder to shoulder with other essential professions. Nurses were once known only to the very sick. Cloistered behind sickroom walls, they were strangers to the public. Today, wherever there are people, we find nurses at work: in the skies, in the mines, on ships, in stores, factories, offices, clinics, schools, hospitals, homes. We find them in isolated areas, in hamlets and in the big cities.

Nursing today is recognized as absolutely essential in the public welfare. The doctor must have the skilled nurse in practicing modern medicine. The hospital must shut down beds when nurses are not available. Last year the American Hospital Association reported 32,000 beds closed for lack of nurses. More than 80 per cent of the army of public health nurses are paid out of tax funds, a direct evidence of the value placed on professional nursing. Industry and business employ more than 10,000 nurses, and management does not invest money for luxuries. Our Federal government employs more than 21,000, and there are 60,000 nurses very busy in private duty. Thousands more are working in our hospitals.

Every one of these services is asking for more nurses. The health hunger of our people is growing. The specialty fields: mental hygiene, psychiatry, orthopedics, geriatrics, medical research and others, haven't begun to be extended to their limits. No one can predict how wide and high will be the future expansion of nursing, but we do know that it is firmly established as an essential community service, increasingly valuable to society.

Our troubles are great but our opportunities are greater. The story of what these troubles are and why they came is long. For one thing, we grew so fast we weren't ready for our great new role. Our nursing organizations, through which all progress must come, needed to be streamlined and geared to the new order. We're working hard on that now. We're somewhat like the adolescent boy who suddenly finds him-

self all wrists and ankles. But the lad catches up with his growth, and that is exactly what we are doing in nursing today.

Too, we were slow in taking up the cause of nurse welfare. Our forbears rightly gave their whole attention to developing and protecting standards of patient care. That had to come first. The spiritual aspects of nursing gave rise to the idea that it was unethical for the nurse to ask economic and retirement protection for herself. We've routed that idea and now we're definitely on the way to better earthly rewards for nurses.

The public has wrong ideas too. It insistently demands more nurses, nurses educated to the minute in the sciences, yet practicing the arts we had time for 30 years ago. But as yet it is doing precious little to support nursing education. It is becoming clearer every day that organized hospital staffs must relieve students of much of their present nursing loads if students are to *study* nursing and achieve their full powers. Changes here must come more slowly than in other areas, but they will come, make sure of that.

There are other problems, but again, not one that isn't remediable. I do not underestimate their gravity, neither do I overestimate it. They are environmental and therefore changeable; the heart of nursing remains sound and its usefulness has reached new heights. The profession is thoroughly aroused to the need for changes, and that fact alone insures changes. The new *ideas* are getting rooted in our souls and minds, and as Professor Weaver* tells us, "ideas have consequences." The right ideas have good consequences, and never before have so many in our profession held the right ideas.

Hold fast then to your faith in nursing and help us restore the joy of its service. Help us lift it to even higher levels of usefulness. Don't let the gripers influence you wrongly. Griping in reasonable amounts is good hygiene; when it becomes unreasonable, ask the gripers what they are doing to improve matters. Tell them to stop feeling sorry for themselves and devote that energy to district and committee activity where we're now hard at work on these problems.

We need you in nursing, not only in the hospitals, homes and plants, but in our own company. The fact that you took up nursing as a career marks you as a distinctive person for you *knew* that three years of hard work lay ahead. You had no illusions. Too many today want quick success without much work. You like people or you would have selected another field, and liking people is essential to good nursing. You welcome adventure for you've learned that every day in nursing is packed with drama. You like challenge—and there is no visible end to the challenges to greater usefulness that will come to nursing.

For these things and more, we want you in nursing, not because there is nothing else you can do, but because there is nothing else you

**Ideas Have Consequences,* Richard M. Weaver.

want to do. The environmental matters like wages, pensions, sound personnel practices, will be settled—I've lived through too many of our crises not to know what our profession can do when it means business.

I urge you to get into the professional organizations early and stay there. Outside of organization you can still be a good practitioner of nursing, but you'll walk alone. You can help only your patient. Within it, you will be a *citizen* of nursing helping the community, the profession and yourself, as well as your patient—and, more than that, you will walk in good company.

My favorite talk to young nurses is called "Take It From Here!" and I give that message to you. Work with us for a while and then take over alone. Nursing has grown into a major profession; its responsibilities to society and to its practitioners are growing. Your generation must be citizens, [*Continued on page* 100]

SPRING, anywhere

Noses running,

Hoboes sunning,

Poets punning.

Towser scratching

Something catching,

Nurses hatching

Up a scheme to

Build a lean-to

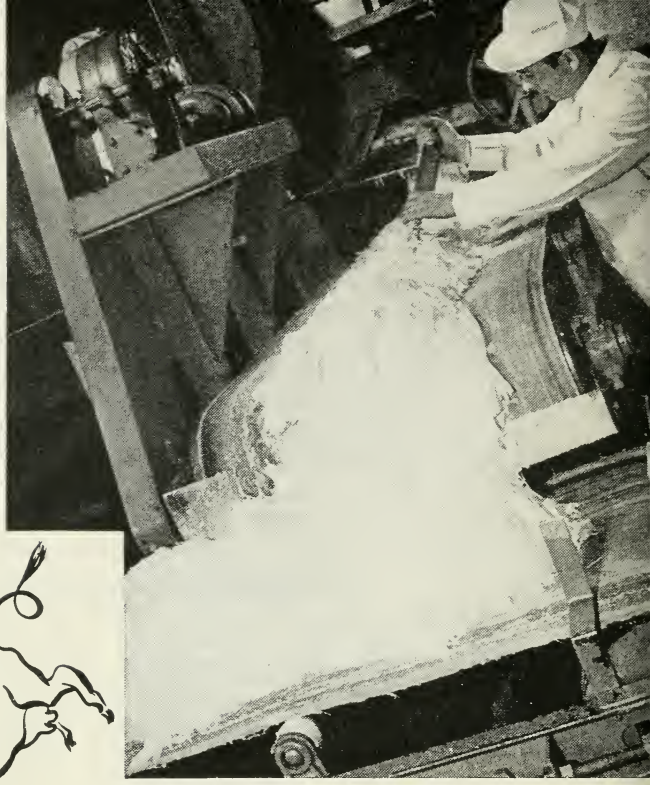
Where they mean to

Rest their feet and
Rest their feet and
Rest their feet and

. . . . . REST.

—Merle Perry, R.N.

by Lynne Svec



Nucoa

THE CASE FOR MARGARINE

FOR 62 YEARS a battle has been raging—with the American dinner table and pocketbook at stake.

The main contenders are Butter vs. Margarine. Now the issue is out in the open once more, with both sides hammering away at each other with the skill developed over decades of battle. This year the grievance has been brought to a head due to a number of reasons.

The cost of living today is two-thirds higher than the 1935-39 average; it has advanced 13 per cent in the past year. The cost of food is more than double the 1935-39 average; it has advanced 17 per cent in the past year. In addition, in the past ten years, the increase in our population is equal to the entire population of Canada.

Plainly, there are more mouths to feed and budgets just are not elastic enough to buy all necessary foodstuffs. In times of necessity substitutes are sought. As anyone with a hand in the family budget knows, margarine is an alternate for high-priced and scarce butter.

Granted that one of margarine's

Bossy kicks back at margarine producers as housewives demand Congress to take bull by horns.

most endearing qualities is its economy, since it can be purchased for less than half the price of butter, but what of margarine's nutritive value as compared to that of butter?

The nation's doctors, including the American Medical Association, have assured us that there is virtually no nutritive difference between butter and margarine, each offering about 3,300 calories per pound.

As Dr. Alan F. Fowler of the Department of Metabolism and Toxicology at the Montreal General Hospital recently stated, "One cannot discuss a problem in nutrition without considering two important underlying factors. First, *availability of the foodstuff.* Second, *ability to purchase the foodstuff.*

"Margarine is available to a greater number of people in larger amounts and at a lower cost," he continued. And summarized, "As manufactured at present, margarine is a nutritious food. From the point of view of its nutritional value, it is equal to butter and in one respect, that is with regard to the Vitamin A content, it is actually superior to butter."

'Twasn't always thus—as margarine's history will bear out.

In the years before the Franco-Prussian War, the French used edible fats for industry lubrication purposes (railroad and lamp fuel)—materially reducing their supply of edible fats and oils. And because of that drastic shortage, Napoleon III offered a substantial prize for the creation of an economical substitute for this necessary edible fat, butter.

Thus margarine was born. It was patented by a French chemist, Mege-Mouries, in 1869, and within a few years it was being made in France. Germany and England. In 1874 it was introduced into the United States as "oleomargarine," a name derived from its principal ingredient, beef fat.

The original product was not very palatable. It neither looked nor tasted like modern margarine.

Today a typical margarine consists of 80 per cent vegetable oils, plus 16.5 per cent pasteurized and cultured non-fat milk, a substantial re-inforcement of Vitamin A concentrate, and small amounts of glycerin derivative, vegetable lecithin and salt. Margarine is pure, sweet and palatable. It is easily digestible; its fats have the same caloric value as other fats, and it performs all the functions of fat in the diet.

The only basic difference between butter and margarine is that butter is composed of 80 per cent animal fats; margarine contains 80 per cent refined vegetable oils—predominantly cottonseed and soybean oil. Although only about 2 per cent of the fat used in modern margarine is animal fat, by law all packages must be labeled "oleomargarine" (from "oleo oil" or beef fat). Of the oils used in 1947 production, 52 per cent was cottonseed oil; 39 per cent was soybean oil. Peanut oil, corn oil, and other vegetable oils comprised the remainder. [*Continued on page* 66]

STUTTERING

Some of our most distressing personal problems may be traced to insignificant situations which accumulate, almost unnoticed, until we find ourselves virtually overwhelmed. For the stutterer, defective speech is a major personal problem, and in many cases the *development* of this disorder may be attributed to his semantic environment.

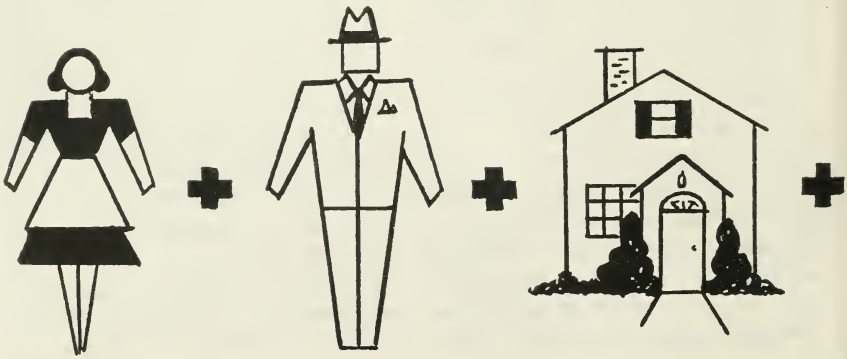
Semantic environment is described by Dr. Wendell Johnson as the "individual's environment of attitudes, beliefs, assumptions, values, standards, customs, knowledge, interests, conventions, institutions, etc." For example, the semantic environment of the young child is relatively simple, being composed primarily of his parents. As a person matures, however, his semantic environment extends to include friends, relatives and business associates, and changes as he meets new people or moves about from place to place.

The importance of semantic environment to stuttering is vividly revealed by a comparison of environments which do and do not classify this disorder as a social handicap.

It is no secret that stuttering exists in our modern society. In the United States, alone, there are almost a million and a half stutterers.

In sharp contrast to our advanced culture is the primitive society of the Banncock and Shoshone tribes in Idaho, where *no case* of stuttering has been reported. The investigation, conducted by Dr. Johnson, also shows that the semantic environment of these Indians is such that all children are regarded as normal speakers—regardless of the manner in which they talk.

The North American Indians do not present the only instance in which stuttering is not observed. In our own culture, for example, the very young children do not stutter. This was made evident in an investigation designed to study the onset of stutter-



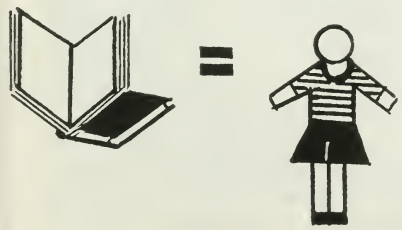
AND SEMANTIC ENVIRONMENT

by Harvey W. Alexander

ing. The study was conducted by the Iowa Child Welfare Station. In order to obtain more detailed information for case histories, a search was made to find persons who had just started to stutter. Almost all new cases of stuttering were found to be young children approximately three years of age, each with a history of normal speech *prior to the development* of this disorder. More important than this, however, is the fact that the 46 stuttering children included in the three-year study developed this disorder *after* it had been diagnosed as stuttering — usually by a layman. Actual stuttering had been confused with the normal nonfluencies which accompany the speech development of young children.

The belief that nonfluency in speech (characterized by repetitions, hesitations and pauses) is synonymous with stuttering is erroneous. The fact is that no one is a fluent speaker. For example, in observing four experienced lecturers, the writer tabulated 357 nonfluencies in one hour for one speaker, 136 nonfluencies in 30 minutes for another, 87 nonfluencies in 20 minutes for another and 10 nonfluencies per minute for still another. From these observations, we may infer that nonfluency apparently is considered normal among adults in our culture, and that nonfluency only becomes noticeable when it is actually "studied."

In the case of children, aged two to five years, repetitions, in some fashion, tend to occur about 45 times per 1,000 words during the course of free play speech, according to the study made at the Iowa Child Welfare Research Station. Moreover, these normal repetitions and hesitations, as in the case of normal adults, do not appear to be accompanied by fear or tension on the part of the child. These nonfluencies seem to increase, however, when the child attempts to explain something beyond the scope of his vocabulary. But how many adults could talk about atomic



*The author majors in journalism at the University of Missouri and hopes to make a career of medical writing after graduation in June. He suggests that readers see Chapter 17, "Stuttering: The Indians Have No Name For It," in Dr. Wendell Johnson's book, "People in Quandaries" (Harper and Brothers, 1946), to supplement the information covered in this article. Dr. Johnson is a professor of psychology and speech pathology and director of the speech clinic at the State University of Iowa.

energy for 5 minutes and not be "guilty" of frequent and noticeable pauses and repetitions?

Since parents create the semantic environment for the young child, they can do much to prevent any actions which might ultimately lead to stuttering. Parents should realize that nonfluencies appear more frequently when the child must compete in conversation with adults; when the child is ignored by older people; when his actions are criticized by parents in such a manner that it promotes a sense of guilt or inferiority.

In many instances of stuttering, it has been noted that the child's parents demand perfection in table manners and toilet habits as well as in speech. Often a child is scolded and sometimes punished for ignorance. Some parents confuse normal repetitions and hesitations with stuttering, and implore the child to "talk slowly," "stop and start over," or to "know what he wants to say." When the child is thus made aware of these normal repetitions, he, too, believes something must be wrong and, adopting the false belief that nonfluencies and stuttering are synonymous, becomes disturbed. In this manner excessive hesitations and repetitions may develop.

Because the well-developed stutterer is characterized by exaggerated nonfluencies, and even in some cases by bodily contortions, many people believe him to be physically and mentally abnormal. Various investigations have demonstrated, however, that there is no anatomical or physiological difference between stutterers and nonstutterers; that the average stutterer meets the common indices of development; and that there is no differentiation between stuttering and nonstuttering persons in respect to change in handedness. The fact is that of 92 children in one study at the University of Iowa, there were 14 nonstutterers and 12 stutterers who had undergone a change in handedness — a difference which can hardly be said to be significant.

Personalities of stutterers and nonstutterers may differ to a considerable extent. This variation is not due to any inherent characteristics of the stutterer but to the semantic environment which even forces some of the more severe types to withdraw almost completely from normal intercourse. Semantic environment is an important factor to consider when attempting to find causes for existence and nonexistence of stuttering in different societies.

Our ideas and beliefs, whether true or false, originate and usually conform to the prevailing culture. We have noted the absence of stuttering among certain North American Indians and the important fact that the semantic environment for some Indian children is such that all speakers are regarded as normal. In more advanced cultures, however, the semantic environments tend to differ. In addition to a societal intolerance of stuttering, much stress is placed upon fluent speech. Still, fluent speech in the absolute sense of the word is nonexistent. Just as parents and teachers may confuse normal nonfluencies with actual [*Continued on page* 84]

This month the first American Nursing Training School to be organized along the lines laid down by Florence Nightingale celebrates its 75th Anniversary. The opening class of Bellevue School of Nursing consisted of six students; today, the School has a record of 75 years' continuous service, during which time a total of 4,350 nurses have been graduated.

In the era of "almshouses" and "pest houses," only meagre nursing was available, and this was given by undirected, undisciplined and frequently unreliable women. The end of this kind of nursing care was brought about by the establishment of the Bellevue School of Nursing—on whose graduates the sun never sets—so it is said.

75th ANNIVERSARY

U.S. Army Signal Corps

Army nurses on active duty at home enjoy post recreational facilities.

Army Seeks 29,000

RECRUITMENT WENT into high gear last month as the Army Nurse Corps stepped up its unprecedented peacetime program. Purpose of the program is to establish an ANC reserve of 29,000—a nurse reservoir from which the Army may draw in time of national emergency. Three salient points highlight the program:

1. A qualified R.N. may become a Reserve Corps officer without interrupting her civilian career.

2. Reservists will not be called to active duty unless a national crisis occurs.

3. No previous military experience is required.

Of the 29,000 to be commissioned this year, the great majority—some 25,000—will be accorded "inactive duty status." In this category, the commissioned nurse will in no way alter her civilian activities. She may, however, voluntarily take advantage of such special training as the Army may offer—in which case she may be eligible, during the volunteered period, for base pay and allowances commensurate with her rank. Normally, those on inactive duty status receive neither pay nor allowances.

Opportunity for "extended active duty" will be available to a limited number. Presently, about 4,000 such posts exist, but only an estimated 2,000 are to be vacated this year. Appointment to extended active duty will be made only upon request, and only as vacancies occur. (Such vacancies, for the most part, result from the return of Army nurses to civilian life.)

In requesting active duty, a reservist may now choose a category commitment ranging from one to three years in a continuous period. Eventually, she will be able to request such duty for periods of two weeks to three months for training purposes.

Appointment in the Reserve Corps is for an initial period of five years. Voluntary requests for active duty may be made at any time during the period.

To qualify for a commission, a nurse must be at least 21 years of age but not yet 45. She must be a U.S. citizen, a graduate of a recog-

Nurses For Reserve

nized school of nursing, and physically qualified. She may be single, married or divorced. Married nurses or nurses with dependents under the age of 14 will not be eligible for extended active duty during peacetime.

In the case of applicants with no previous military service, recommendation must be obtained from the director of the school of nursing from which the applicant was graduated; also from a physician with whom she has worked, and from at least one former employer or supervisor.

Necessary application blanks may be obtained at any Army installation, at any U.S. postoffice, or by mail from The Adjutant General, Washington 25, D.C.

As soon as her application is filed with The Adjutant General, the nurse is sent a complete set of forms, including an instruction sheet and the "modified physical" examination form in triplicate. When these forms are duly completed and returned, about three weeks is required for processing the application. The nurse is then tendered an appointment or notified of her rejection.

Those accepted, either for active or inactive duty status, must sign an Oath of Office—before a notary public or Army adjutant—and return it promptly to Washington.

The "modified physical" examination may be given by a private physician if this is more convenient. Otherwise, it should be conducted at an Army installation. It omits chest x-ray, pelvic examination, electrocardiogram, audiometer reading, blood serology and microscopic urinalysis.

U.S. Army Signal Corps

Army nurses overseas instruct nurses' aides as well as give bedside care.

A "final type physical," including these omitted procedures, is given at an Army base immediately prior to active duty assignment.

Eligibility requirements by rank, together with base pay and allowance rates, are shown in the table accompanying this article. Applicants with previous military experience retain whatever longevity benefits their prior service merits.

So much for the bare facts. Beyond them are two major considerations: First, in what ways may the individual nurse benefit by a com-

FACTS ABOUT THE ANC RESERVE

REQUIREMENTS[1]				PAY & ALLOWANCES (MONTHLY)				
					Rental Allowance		Subsistence	
Grade	Age	Professional Experience	Degree or Postgraduate Work	Base Pay[2]	With Depend'ts[3]	Without Depend'ts	With Depend'ts[3]	Without Depend'ts
2nd Lt.	21-30	From graduation up to 3 years	None required	$180.00	$60.00	$45.00	$42.00	$21.00
1st Lt.	30-33	Minimum: 3 years	None required	$200.00	$75.00	$60.00	$42.00	$21.00
Capt.	33-37	Minimum: 7 years	Completion of p.g. specialty course and 1 year experience in specialty	$230.00	$90.00	$75.00	$42.00	$21.00
Major	37-45	Minimum: 14 years	Bachelor's degree and 5 years administrative or teaching experience	$275.00	$105.00	$90.00	$42.00	$21.00
Lt. Col.	Outstanding qualifications for special positions determined by the Surgeon General			$320.83	$120.00	$105.00	$42.00	$21.00

[1] These requirements apply to both extended active duty and inactive status. Higher grades can be earned in both groups.
[2] 5 per cent increase in base pay is provided for each 3 years of service; 10 per cent increase for overseas duty.
[3] Dependents: any child under 21, or a mother and/or father.

mission? Second, how will the program affect civilian nursing?

For the reservist on inactive duty status, the Army will soon offer a series of correspondence courses. Four subjects have already been approved: Military Orientation; Nursing Aspects of Atomic Warfare; Nursing Aspects of Global Medicine; and Techniques of Flight Nursing. None of these courses is compulsory—but, says the Army, the nurse availing herself of the educational opportunities "may keep abreast of advances in science, so that if a national emergency should arise she may be equipped to serve in a position equal to her experience and training."

For nurses on extended active duty, "graduate work is provided at the Army's most up-to-date teaching centers. Courses range from five to thirteen months, and will be given in psychiatry, surgery, anesthesiology and hospital administration. Teaching staffs are composed of top medical personnel as well as expert Army nurse instructors. By means of this program, nurses on extended active duty may be able to prepare themselves for greater responsibility and more skillful nursing."

Aside from these intrinsic advantages, the commissioned nurse, according to Army sources, "can win prestige and professional recognition in her community. Army information services will constantly be calling attention to Army medical progress. The ANC itself has a similar program. With public attention thus focused on the reserve nurse, she will come to treasure her certificate of appointment as much as she does the diploma from her school of nursing."

Also emphasized is the fact that those requesting active duty may choose from a wide variety of assignments—with the promise that individual requests "will be honored so far as is humanly possible" and still meet the nursing needs of the service. Foreign service may be requested in Germany, Japan, Korea, Hawaii, Okinawa, the Philippines, Alaska, Guam, Trieste, Austria, Puerto Rico, Panama, Saipan, Iwo Jima, and Trinidad. Domestic assignments may be requested in preferred services, in favored locations, or with friends. Says the Army: "The ANC personnel division is making every effort to treat each applicant as an individual with special talents and preferences."

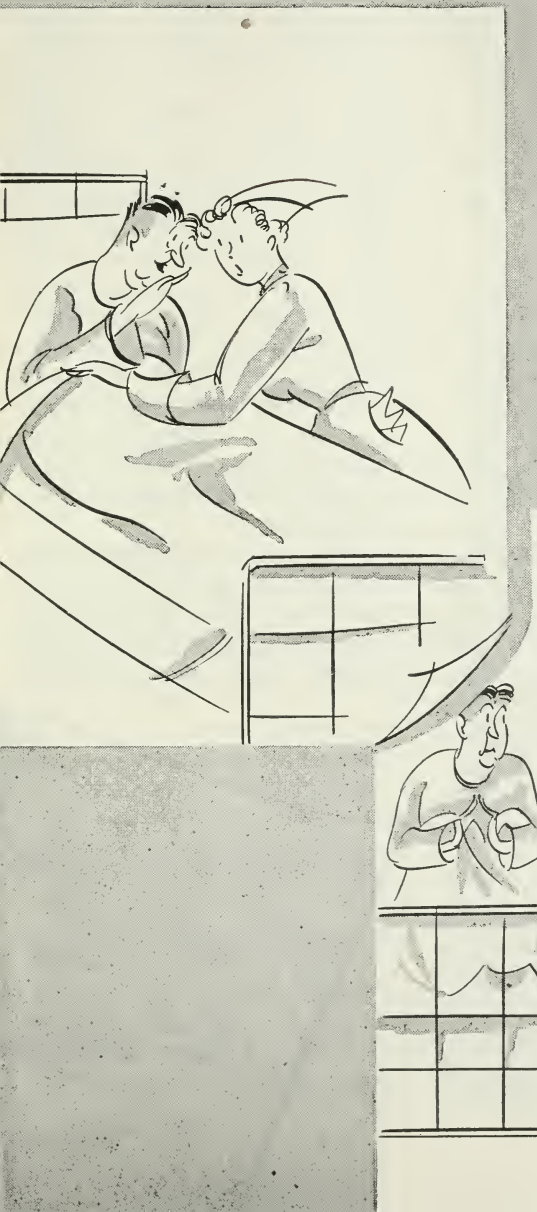
As to the effect of the recruitment program on civilian nursing, the Army contends that no hardships should result. ANC sources point out that "of the 29,000 to be commissioned, less than 14 per cent will be required for active duty on the basis of vacancies estimated to occur during the year."

Added to these arguments is the fact that the ANC program has the enthusiastic endorsement—and volunteered cooperation—of the American Hospital Association.

* * *

Officership in the ANC—oldest of the women's military services—carries with it the esteem traditionally accorded those who nurse American soldiers. [*Continued on page* 58]

Ward heel



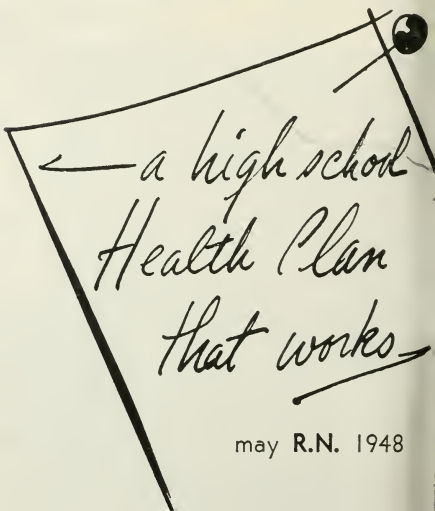
MORE THAN 4,000 students in New York City's Cathedral High School and its associate branches benefited this past year from a program of complete health care that could be a model project for schools the nation over. Instituted three years ago, the health service hit its stride in 1946 and, among other innovations, invited leaders in the field of public health to act as members of an Advisory Health Council. To facilitate the program, a "health unit" was built at the high school, a versatile unit made up of a rest room, waiting room and test room that can also be used for audiometric testing, physical examinations, individual or group conferences, faculty meetings, medical or community conferences.

To carry out the vast program of health care, the school officials must, of necessity, leave much of the work to the classroom teachers in seeing that the plans of the advisory committee are fulfilled. However, they think this is one of the outstanding reasons for the success of their health service for "the entire school is alerted to do an intelligent job." Parent education and surveys of school lunches are also important factors.

The health services are extensive, and are followed through to the point of keeping cumulative records on each student. The records are marked with colored tabs to denote defects which require continuous health supervision. Complete physical examination certificates are required of the students twice in the four years, and members of the school varsity are given annual examinations by the school doctor. This is also true of all employes of the school. These physical examinations are required in addition to the other types of testing done as part of the health service. During the school year hearing, sight and teeth are checked and students requiring correction of defects are referred to their family doctors or sent to a clinic if unable to afford medical care. Tuberculosis is frequently detected by patch testing and x-ray and given early treatment.

For the future, the Health Service Department has two improvements in mind: one, that health service activities are to be somewhat decentralized by making use of a trained senior student group or perhaps a graduate nurse seeking school nursing experience; secondly, it is intended to increase guidance in mental hygiene for students demonstrating emotional disturbances.

In three years, the Cathedral High School health plan has proved its value. The proof is in the students who are being graduated into adult life with a better measure of health.



"WHITE CAPS"

AND FLORENCE NIGHTINGALE

by Rev. Joseph B. McAllister, Ph.D.

IF AT THE time of which the late Dr. Victor Robinson wrote, Florence Nightingale was fat and doting, he might be justified in calling her senile and obese[1]—though they are cruel words. My purpose, however, is not to pass a general criticism upon Dr. Robinson's book, "White Caps." I wish to touch only upon his treatment of Florence Nightingale's opposition to the registration of nurses.

Dr. Robinson wrote that "Miss Nightingale constantly pointed out to her nurses the danger of stagnant water and stagnant air, and the danger of becoming a stagnant woman: she could not realize that the most revolutionary woman of her epoch had become a stagnant woman. The time had come, in the upward climb of the profession she created, for the self-organization and state registration of nurses. In the rapidly increasing, chaotic mass of nurses, it was necessary to differentiate the qualified and the unqualified. Doctors, schoolteachers and plumbers were not humiliated because they could not practice without a license: they regarded the license as legal evidence of their competence. A prolonged struggle was waged with acrimony and lawsuits between the registrationists and the anti-registrationists: the newspapers called it the 'Nurses' Battle.' The registrationists had logic and a princess on their side, but the anti-registrationists had Miss Nightingale."[2]

Whether or not Florence Nightingale had become a "stagnant woman" at this time may be a matter of opinion. Dr. Robinson was entitled to his. But evidence of Miss Nightingale's "stagnation" demands better proof than what can be drawn from her attitude towards registration.

Dr. Robinson represented Miss Nightingale as opposed to registration. She was—steadily and energetically and in spite of Princess Christian being in the opposite camp—set against registration of nurses of *her day*. But she was not opposed to registration unalterably and absolutely. On February 26, 1891, Florence Nightingale wrote to Mr. Rathbone: "Forty years hence such a scheme might not be preposterous, *provided* the intermediate time be

diligently and successfully employed in levelling up; that is, in making all nurses at least equal to the best trained nurses of this day, and in levelling up Training Schools in like manner."[3]

Obviously, therefore, Miss Nightingale did not condemn registration without qualification. She thought it inopportune and above all incapable of doing at the time what its champions claimed for it. They wanted to differentiate nurses, to sort the qualified out from among the unqualified, to safeguard the public. With these aims Florence Nightingale was in complete sympathy. But she contended that public examination would not guarantee the public qualified nurses. "You cannot," she wrote, "select the good [nurse] from the inferior by any test or system of examination. But most of all, and first of all, must their moral qualifications be made to stand pre-eminent in estimation. All this can only be secured by the current supervision, tests, or examination which they receive in their training-school or hospital, not by any examination from a foreign body like that proposed by the British Nurses Association. Indeed, those who come best off in such would probably be the ready and forward, not the best nurses."[4]

Whether or not Miss Nightingale was "stagnant," she backed up her position with facts. She analyzed a preliminary register by the British Nurses Association. Of the nurses trained in one hospital, the private register of that hospital included only two-thirds of those which the Association registered.

If the aim of registration was to guarantee the public the best of nursing care, Miss Nightingale's investigation proved that it was failing to do so. The British Nurses Association was listing nurses *rejected by their own training schools.*

This should make Florence Nightingale's position clear. She was just as definitely not opposed to sifting the qualified nurses from the unqualified as she was opposed to registering as a means of doing it. However, it should be remembered she was opposing registering *as of her time.* She conceded it might work when the standards of nursing and nursing schools had all been raised.

Furthermore she opposed registration because she feared it would endanger the standards of the nursing profession. With reference to this issue, Florence Nightingale must be understood as speaking of her own day. Not many years before, the famous Mrs. Wardroper of St. Thomas' Hospital had substituted the term "sister" for the word "nurse," because it "had fallen into such disrepute."[5] Above all else Miss Nightingale wanted to preserve the gains which nursing had made.

In May of 1892, Miss Nightingale wrote to Dr. Jowett, "There comes a crisis in the lives of all social movements, rough-hew them as you will, when the amateur and outward and certifying or registering spirit comes in on the one side, and the mercantile or buying-and-selling spirit on the other. This has come in the case of Nursing in about 30 years; for Nursing was born 30 years ago. The pres-

ent trial (about the charter and register) is not persecution but *fashion;* and this brings in all sorts of amateur alloy, and public life instead of the life of a calling, and *registering* instead of training. On the other hand, an extra mercantile spirit has come in —of forcing up wages, regardless of the truism that Nursing has been raised from the sink it was, not more by training, than by making the Hospital, Workhouse, Infirmary, or District Home a place of moral and healthful safe-guards, inspiring a sense of duty and love of the calling."[6]

Exalted and transcendental do not exaggerate Florence Nightingale's view of nursing. She preferred to consider it a *calling,* and associated it with a profoundly religious outlook. Writing to Dr. Jowett in 1889, she spoke of how nursing is one answer to the necessity of giving some external expression to one's internal religious life: ". . . . When very many years ago I planned a future, my idea was not organizing a Hospital, but organizing a Religion."[7]

Several years later, in Chicago, at a Congress on Woman's Work, held in 1893, Miss Nightingale gave a summary of her philosophy of nursing. "A new art, and a new science, has been created since and within the last forty years. And with it a new profession — so they say; we say, *calling.*" She then went on to speak of the dangers nursing faces: "Fashion on the one side, and a consequent want of earnestness; mere money-getting on [*Continued on page* 73]

Probie

"You ought to see a doctor."

▶ GOVERNOR DEWEY SIGNED all legislation sponsored by the New York State Nurses Association and the Practical Nurses of New York, Inc. The Law now includes provisions for the following:

1. Authorizes the Department of Education to license, *without further examination*, any registered professional nurse or licensed practical nurse from another state, province, or country, who has completed a course in the study of nursing considered to be equivalent to requirements in this state at that time and who was licensed by examination and meets all requirements in this state, as to character, citizenship and preliminary education.
2. The Department of Education may admit to examination any graduate of a school of nursing for professional nurses or practical nurses from another state, province or country who has had a course comparable to that given in this state, but who has not been licensed by examination.
3. The Department of Education may admit to a practical examination, any person who has proof of having practiced for one year as a practical nurse and providing such practice is verified by affidavits of two registered physicians stating that the applicant has satisfactorily performed the duties of a nurse.
   a. *All applications must be filed with the Department of Education not later than April 1, 1949.*
   b. The Department of Education shall have one year after the filing date of April 1, 1949 in which to process applications.
4. The provisions of 6902 of the Education Law does not prohibit the practice of nursing by others than registered professional or licensed practical nurses until April 1, 1949.

▶ STUDENT NURSE recruitment, under the auspices of the National Student Nurse Recruitment Committee, is being aided locally by various Red Cross chapters, according to official announcement. Chapter activities, correlated with those of local recruitment committees, include talks on nursing as a career before Red Cross classes, civic groups and school assemblies; assistance to nurse's aides in the completion of plans to enter nursing schools; arrangements for visits to such schools by prospective students; distribution of literature; and preparation of newspaper and radio publicity. The national recruitment committee is endeavoring to enroll a total of 50,000 students.

▶ IN THE BOOKS written about the fight against yellow fever in Cuba at the turn of the century, little is said of the work of the nurses who fought shoulder to shoulder with the doctors. The story of one of these women was told in a play, "No Greater Love," written by Virginia Radcliffe and presented on the Dupont Cavalcade of America radio program.

Dorothy McGuire, stage and screen star, portrayed Clara Maas, Army nurse, who volunteered to take the bite of an infected Stegomyia to help save her patients, a courageous act which led to her death.

Among the guests at the broadcast was Miss Jessie Murdock, Director of the School of Nursing at Jersey City Medical Center. Miss Murdock, shown above with Miss McGuire, served on the Isthmus of Panama during the construction of the Canal.

▶ THE ANA ELECTION TICKET submitted by the Committee on Nominations and accepted by the ANA Board of Directors on January 19 is as follows: President, L. Louise Baker, Calif; Pearl McIver, D.C. First vice-president: Catherine R. Dempsey, Mass.; Janet M. Geister, Ill. Second vice-president: A. Louise Dietrich, Tex.; Mrs. Bethel J. McGrath, Minn. Secretary: Mrs. Linnie Laird, Ore.; M. Ruth Moubray, Md. Treasurer: Lucy D. Germain, Mich.; Agnes K. Ohlson, Conn. Directors: Mrs. Myrtle C. Applegate, Ky.; Ruth B. Freeman, D.C. (Miss Freeman withdrew her name as it is on the NOPHN ticket); Mrs. Margaret M. Jones, Me.; Mrs. Estelle Riddle Osborne, N.Y.; Mrs. Elizabeth K. Porter, Pa.; Nina E. Wootton, Tenn. Committee on Nominations: F. Ruth Kahl, D.C.; Mrs. Edith Partridge, Wis.; Mrs. Mary O. Tschudin, Wash.; Mrs. Edna W. Viets, Ohio; Mrs. Ruth W. Williams, N.D.; Kathleen F. Young, Mich.

▶ BRITAIN'S M.D.'s, at war with the Labor Government over provisions in the compulsory national health program which is slated to go into effect July 5, won three promised modifications in the plan last month after threatening non-participation. The doctors had charged that the scheme as projected would lead to enslavement of the medical profession; therefore, their negative reaction. [*Continued on page* 86]

TWO WEEKS was not enough

THE NOTE OF desperation in the voice of a superintendent of nurses speaking at a district meeting goaded me into offering two weeks of my annual month's vacation to nursing in a hospital. "Anything from one hour up will be gratefully received," she had begged, "and I'm especially appealing to those of you who are not active and have been away from nursing for some time."

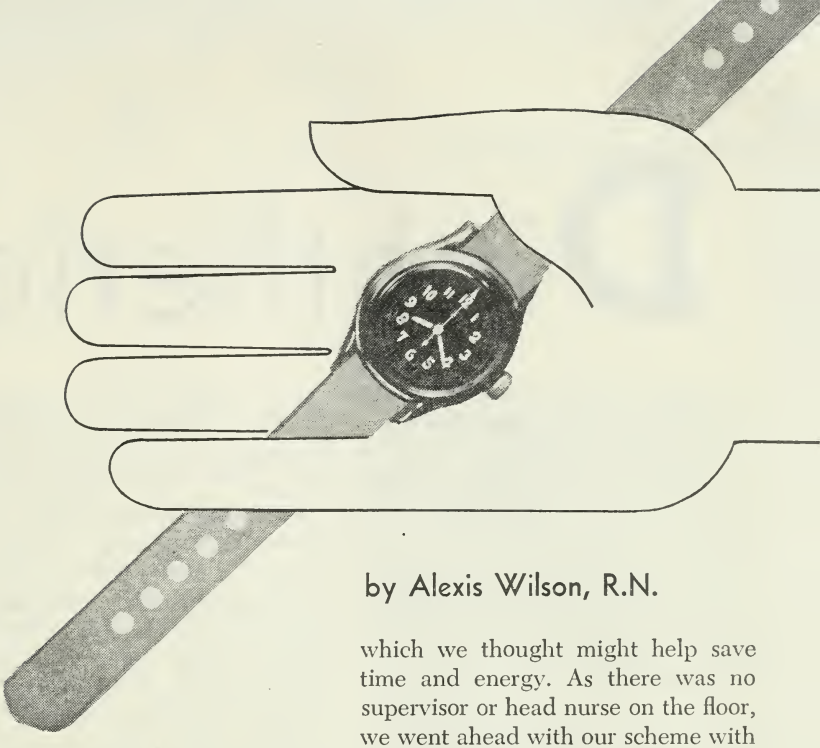
I'd been away from nursing for eight years. One year after graduation from nursing school I was offered a good paying office position with opportunity for rapid advancement. I took it. As a result, I became absorbed in the routine of the business world and my only contact with nursing came with attendance at meetings, from frequent contact with my friends, most of whom are nurses, and from reading nursing journals.

My services were offered to a 600-bed hospital. The first day I reported for work I was assigned to a 24-bed gynecological ward. Because the hospital had become affiliated with the state medical school and the patient load had grown to gigantic proportions, every bit of hospital space that had been available for reconversion had been made into bed space.

The ward had been reconverted from a sun porch, utility room and delivery room. The physical set-up of the ward itself was inadequate and adding to the irritation of no running water in the kitchen, no bathtub or toilet on the floor, was the fact that the linen, some drugs and the ice cabinet were on a ward at the end of the corridor. It was necessary to walk the length of the hall to get clean linen, drugs, to fill ice caps and water pitchers. There was one maid and only one other nurse on the floor. All beds were occupied.

On my first morning, three patients were scheduled for surgery which meant catheterizations and the usual preoperative routine for gynecological surgery. A two-day postoperative patient was in critical condition requiring continuous Wangansteen, intravenous fluids, three-hour injections of penicillin and three-hour bladder irrigations. Temperatures, medicines, ward round with doctors, answering the floor phone, sprinting down the hall every few minutes to the utility room for bed pans, ice packs, setting up trays, preparing patients for examinations, sending patients to surgery and getting them back kept me and a very efficient co-worker spinning.

We tripped over medical students who swarmed over the place like ants in a honey jar. Requests from the medical students were expected to be carried out with the same alacrity as written orders of the doctors. "Stat" orders for enemas, catheterized urine



by Alexis Wilson, R.N.

specimens, complete blood counts and other like orders were blithely written by doctors sending ambulatory patients in for routine admission for surgery.

Baths were given sporadically and sometimes not at all. Linen was changed when possible. Special treatments, routine procedures of temperatures and medicines, examinations, ward rounds and the hundred things required by patients kept us hopping from seven in the morning until late, very late in the afternoon. At times the chaos on the floor was so great I had the urge to call for aid from the Disaster Committee of the American Red Cross.

Instead, we nurses got our heads together and mapped out a plan which we thought might help save time and energy. As there was no supervisor or head nurse on the floor, we went ahead with our scheme with the approval of the superintendent of nurses.

First, we prevailed upon the resident physician to write out some routine admittance and preoperative orders. We chose the resident to do this because he was the person most familiar with routines of the various doctors and we thought that he might incorporate their various orders into one that would be acceptable to all. After the list of routine orders was drawn up it was shown to all the doctors who had occasion to send patients to the gynecological ward for treatment. They were asked to read and sign it if they approved. After a few slight changes all doctors signed and from then on we had no hit-or-miss [*Continued on page* 74]

Diphtheria

● DRAMATIC NEW THERAPIES, recently discovered principles, and a host of new drugs may tend to cause loss of interest in the older and better known diseases. Publication of important information about a long-known disease may be necessary to revive interest and control measures. Apparently this has happened in the case of diphtheria, for no review has been made since 1942 until recently.

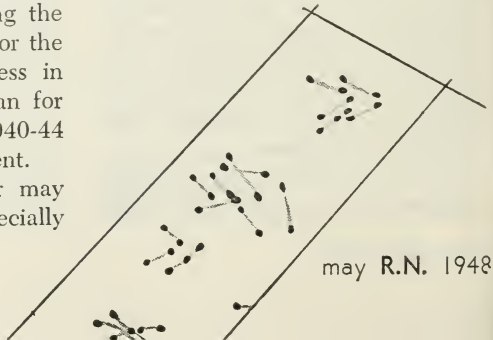
In Europe alone (excluding Russia), due to a tremendous epidemic in 1943 that fortunately did not occur in the United States, there was a total of 630,000 reported cases of this disease. Making exception for unreported cases, it is estimated that the actual total should stand at a million cases and at least that many for 1944.

In the U.S., a public health survey of the year 1945 showed that there was a definite increase in incidence of diphtheria throughout many sections of the country. During the last few months of that year, for the country as a whole, the excess in reported cases over the median for corresponding months of 1940-44 had increased by 30-40 per cent.

Travel necessitated by war may have caused that increase, especially on the coastal areas. Although some of the returning veterans were demonstrated to be diphtheria carriers because of skin or wound infections, few of the reported cases were exposed to these men. Whatever the causes of increase in the dread disease, public health authorities viewed it with alarm and agreed that there must be more publicity and greater control measures employed, because diphtheria *can* be controlled.

This acute infection and contagious disease is caused by Corynebacterium diphtheria or the Klebs-Loeffler bacillus. It is characterized by the formation of a local white or grayish fibrinous exudate on the mucous membranes, especially of the throat and upper respiratory passages, and by constitutional symptoms caused by the absorption of toxin from the local lesion.

CAUSE AND TRANSMISSION. The disease, which is both endemic and epi-



by Carolyn Valentine, B.S.

demic, is spread by discharges from diphtheritic lesions of the nose, throat, conjunctiva, vagina and wound surfaces; secretions from the nose and throat are carriers of the bacillus. Transmission may be through direct personal contact, or indirectly from articles that have been freshly soiled with discharges. Contaminated milk and milk products are also transmission agents. Carriers, of which there is an estimated 1 per cent in the population, can also transmit the disease.

The incubation of diphtheria is usually from two to five days, but may be longer if a carrier state precedes development of clinical symptoms. Following incubation, the dirty white membrane appears in the throat, and gradually extends from the tonsils to the uvula and soft and hard palate, sometimes to the larynx. SYMPTOMS. The initial general symptoms are usually slight but vary with the location of the disease; those of a head cold, slight fever, malaise, headache or sore throat may occur. Clinically there are three classified types—nasal, faucial, and laryngeal.

In *nasal* diphtheria, with an onset characteristic of a common head cold, a serous excoriating and often bloody nasal discharge appears; and on examination a membrane may often be seen on the mucous membranes of the nose. It can be promptly cured with the administration of the antitoxin—without the latter, it may run on for many days. When the nose is involved, resulting from an extension of the membrane from the throat, it is a very severe form of the disease.

Faucial diphtheria has a gradual onset, with a sore throat, headache and malaise. The patient runs a fever of 101°-102° F., looks pale, and has a soft and rapid pulse. The membrane forms on the tonsils and may increase in size in severe cases to cover the whole posterior part of the throat. If an attempt is made to remove it, a bleeding surface results. In advanced cases edema and swelling of the neck is sometimes present. If untreated with an antitoxin, the course of the disease may go on to death, or the patient may recover after a long and stormy convalescent period.

Laryngeal diphtheria is the most fatal form and represents about one-fourth of all cases. It usually occurs between the age of six months and five years and begins with a croupy

cough, followed by dyspnea, stridor and finally cyanosis. The obstruction is caused by the membrane, swelling, or by both. If no relief is given, vasomotor collapse becomes eminent. The skin turns a greyish color, is clammy, and the patient becomes apathetic and finally dies. In this type, the antitoxin must be given promptly and mechanical relief of the obstruction may be necessary.

Diphtheria of other parts of the body is rare and usually secondary, but it has been found in the eye, middle ear, vulva, penis and skin.

A few years ago, a rare type of diphtheria, brought to the U.S. by the war, was reported. This form differs from the throat infection, for the germ enters the skin through a wound or sore and attacks the nose, throat and ears, as well as the skin. An Army hospital reported virulent diphtheria germs in one-twentieth of the patients sent to them for tropical skin infections. When workers in these wards were Schick-tested, nearly half of them were found to be susceptible to diphtheria. The Army checked the spread of wound diphtheria through examination, isolation and quarantine, with Schick tests for all attendants.

Complications, when they occur, constitute a serious aspect of the disease. These include bronchopneumonia, cervical adenitis, otitis media and albuminuria. Paralysis appears in about 10 per cent of cases. It is a painless peripheral neuritis which progresses gradually downward, appearing first in the palate, and last in the legs. Recovery from these complications is usually within a few months.

DIAGNOSIS. Early diagnosis is of the utmost importance, and yet this is often made difficult by the similarity of symptoms to other diseases, such as: follicular tonsillitis, septic throat, Vincent's angina, croup, congenital syphilis or a foreign body. Any appearance of a membrane in the throat, croupy cough, dyspnea or post-nasal infection indicates reason for the administration of antitoxin, unless the lesion is proved not diphtherial. The *diagnosis* of diphtheria is made when the bacillus can be demonstrated in cultures from the affected part, in an individual who does not show immunity through the Schick test.

TREATMENT. The patient should be kept in bed at a flat or low gatch with external stimuli controlled to a minimum until all danger of cardiac injury has passed. A liquid diet during the acute stage is preferable with emphasis on adequate vitamins and carbohydrates and a minimum of proteins.

Since cardiac involvement is always imminent, nursing care must be given with the least possible amount of exertion required of the patient. Ten per cent glucose i.v. is beneficial in combating toxemia, and perhaps in forestalling myocarditis by replacing the loss of glycogen from the liver and improving the nutrition of the heart muscle. For continued nausea and vomiting some doctors recommend the use of 50 per cent glucose i.v., 25-50 cc. two to four times [*Continued on page* 60]

CALLING ALL NURSES

World War I and II Nurses: The New Jersey Department of the National World War Nurses is making plans for the annual meeting in May at Mount Saint Mary's, North Plainfield, N.J. If you'd like to be a member, write at once to Sister Mary Felix, c/o the Mount.

M.G.H. Graduates: You can come home again—for a June weekend. The Second Annual Home Coming and 75th Anniversary celebration of the Massachusetts General School of Nursing will take place June 11-13. All M.G.H.'ers are invited whether Alumnae Association members or not. Registration—1 p.m. on the eleventh and 10 a.m. on the twelfth. Officers of the Class of '39 are making plans to combine this with a 10th reunion of our class. Alice R. Clarke, Class of '39.

Grads of Plainview, Texas Sanitarium: We are planning a homecoming in May and need your current name and address. Miss Stella Cain, 315 Reid St., Clovis, N.Mex.

Crouse-Irving Hospital Graduates: The Class of 1928 celebrates its 20th anniversary in May. How about a reunion? Emily B. (Mrs. Seymour C.) Merritt, RFD No. 3, Syracuse 7, N.Y.

Evelyn Horsch Brown: Graduate of Iowa Methodist Hospital and school nurse in San Antonio, Tex. You are the only "lost" member of our class and we are very anxious to locate you so you can attend our reunion in the spring. Florence H. Stevens, 2300-39th St., Des Moines 10, Iowa.

Gallinger Municipal Hospital Alumnae: Please watch bulletin board at the Biennial Convention in Chicago for notice of a reunion of the graduates of the Capital City School of Nursing. The alumnae association is planning a homecoming in October. Send your name and address to Mrs. Nancy Harris, 1617 Holbrook St., N.E., Washington, D.C. so you will be sure to get an announcement.

Alpha Tau Delta Sorority Sisters: Your Eighth Biennial Convention of this national nursing sorority is to be held at the Congress Hotel in Chicago, May 31-June 3. The program is arranged to allow a maximum of time for attendance of ANA convention meetings since our convention is scheduled on the same days as theirs. Barbara Baer, President, Iota Chapter.

Garfield Park Grads: We're having our annual spring banquet on May 27. A reservation will be mailed to each graduate whose address we have. Write immediately to Vivian Keller, 3461 W. Madison, Chicago, Ill.

Jane Roberts: Anxious to hear from you. Last I heard you were on your way to England with the ANC. I enjoyed Army nurses' life with you in Greensboro, N.C., and Gulfport, Miss. Am planning a trip to Massachusetts in the summer and would like to have a reunion with you. Betty (Paranto) Boothroyd, West 5th St., Britt, Iowa.

Stamp-Collecting R.N.'s: I would like to hear from you and exchange stamps with you. I have been ill and bed-ridden for over a year and find stamp-collecting an interesting pastime. Irma Guerrucci, 1513 Pittston Ave., Scranton 5, Pa.

McClean Graduates: Class of 1928. Would like to correspond with each of you to discuss plans for a 20th reunion. Please drop me a line and include the address of any other '28 member who may not see this notice. Mary E. Gushee, 3453 W. Penn St., Philadelphia 29, Pa.

My R.N. Friends. Thank you for your sympathy and assistance upon the death of my husband, Matthew Blair, on January 24, 1948. Many of your cards and letters had no addresses, so I couldn't answer

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them. MaBelle DuBrey Blair, public health nurse, Dept. of Health, New York, N.Y.

Dorothy Zinn: I was associated with you in the U.S. Veterans Hospital at Pittsburgh, Pa. Since your transfer to California, I have been unable to locate you. Jessie Dale Radcliffe, Box 32, Knox Dale, Pa.

Verona Loe: I received your Christmas card but lost the address. Will you send me your new San Francisco address right away? Reeva Cranor, 309 Thompson St., Apt. No. 4, Ann Arbor, Mich.

Grads of L.D.S. Hospital: The alumnae association is planning a homecoming in the early fall in honor of the hospital's 25th anniversary. Will you please aid us by sending your present and maiden names, year of graduation and address immediately? Mrs. Verl Paulsen, L.D.S. Hospital, Idaho Falls, Idaho.

Olive G. Selamanie: We were stationed at Ft. Devens in 1941. You were sent overseas early in 1942. I have tried to contact you several times, but to no avail. Hope this will be successful. Marjorie M. Gonda Lydiard, 53 Brookline Ave., Westfield, Mass.

Navy Nurses Ann Higgins, Leda Schiazza, Dorothy Woodall, Mable Vickers, Yolander: Remember Jacksonville, Fla? How about a letter giving where, what and why? Mildred E. Poli, 38 Greenleaf St., Boston, Mass.

Methodist Hospital Grads: The alumnae association would like to complete its mailing list. Please send your present name, maiden name, year of graduation and address to Marjorie E. Jones, 506 6th St., Brooklyn 15, N.Y.

Leona Powers: Graduate of St. Mary's School of Nursing, Milwaukee, Wis., class of 1937. Home town was Mukwonago, Wis. Last heard you were married and living in Tacoma, Wash. You are the only one of our class we haven't heard from in years. Mrs. Eleanor Kwiatkowski Zar, 8323 Chestnut St., Wauwatosa 13, Wis.

Audrey J. Silbaugh, G. A. Slakis, Priscilla G. Landgraf, Diana Cubra: Would like very much to hear from you. I have many former Army nurses' addresses which you might be interested in having. Nell Dunlop Ellis, 6920 Mohawk St., San Diego 5, Calif.

Burnett Sanitarium Alumnae: We are attempting to bring our records up to date and would appreciate receiving your full name, year of graduation and address. Please cooperate and keep informed of our alumnae activities. Mabel B. Hansen, Secretary, Burnett Sanitarium Alumnae, Fresno, Calif.

Miriam Rousch: University of Pennsylvania graduate. Cadet nurse at Valley Forge Hospital in 1944. Please write. Mrs. Raymond (Eleanor Rowe) Cooper, 1447 Paley Drive, Apt. 348, Akron 6, Ohio.

Ola B. Collins: Entered the Navy Nurse Corps at Portsmouth, Va., in March, 1944. Was discharged in 1946. My letters to your home in Gaston, N.C., have been returned marked "Unknown." Where are you? Lt. (jg) Vertie C. J. Casuille, Naval Station, Box No. 25, San Juan, P.R.

Eva Sager: I lost your Madison, Wis. and Albany, N.Y. addresses many years ago. Won't you please write to me? Katherine Sylla, 3200 Creston Drive, Oklahoma City 5, Okla.

Ex-Lt. Dorothy Baar, ANC: Graduate of St. Elizabeth Hospital, Dayton, Ohio. Dotty, I happened to find your picture, along wilth others including "Cousin Hoiman," taken in Reed City, Mich., in 1941. I'd love to hear from you. Jessie Lambert Quinn, RFD No. 2, N. Delsea Drive, Millville, N.J.

Creedmoor State Hospital Grads: We are planning "great goings-on." Send your name and address to Audrey Stimis, Pres., 5 Fairmont Place, Glen Cove, L.I., N.Y.

Army Nurse Corps

[*Continued from page* 41]

This tradition dates back to the year 1775 when military nursing was instituted in this country: the colonial Congress, on General Washington's recommendation, enacted legislation calling for "a matron to supervice nurses, bedding, and so forth," and "nurses to attend the sick and obey the matron's orders." The ANC as such was established in 1901.

In World War I, 21,480 nurses served with the Army—10,400 of them overseas. In 1920, ANC officers were given "relative rank" in recognition of the Corps' war record. Actual rank—with pay and privileges now equal to those of male officers—was conferred during World War II, largely through the efforts of Col. Florence A. Blanchfield, wartime head of the Corps. In this latter conflict, the ANC reached a peak strength of 57,000, with about 50 per cent serving overseas.

At present, the majority of Army nurses are on active duty in this country. Some 500 are assigned to occupied areas, such as Trieste, Germany, Austria, Japan and Korea. Others may be found in such widely separated spots as Panama, Hawaii and Alaska—or wherever else the U.S. Army is represented.

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Diphtheria

[*Continued from page* 54]

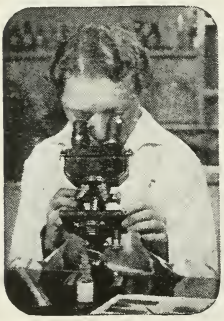
daily. In addition to this, one unit of insulin for every 2.5 gm. of glucose should be given s.c. Morphine can be given to secure rest and quiet. Cardiac stimulants have proved of little value, and digitalis is usually contra-indicated since it may only increase the heart block. In case of vasomotor collapse, caffeine sodiobenzoate is effective.

Usually no particular treatment is required for paralysis accompanying diphtheria. However, in extreme cases, such as respiratory paralysis, a respirator may be needed, or in paralysis of the swallowing muscles, suction provides relief.

The most important single phase of treatment is the administration of the antitoxin; it checks further damage to the organism by the toxin. Its curative effect is limited, since it cannot affect the toxin already tied up in the tissue cells. But it is well to remember that patients treated thus on the first day of infection usually recover—with each succeeding day of delay the mortality rises.

NURSING CARE. There is no question that a diphtheria patient needs alert and intelligent nursing care. The nurse should observe the patient's general clinical symptoms and report any change in condition to the doctor—such as character of pulse, respirations, and swelling in cervical lymph nodes. She is usually directly responsible for maintaining the cooperation and relaxation of the sick person. Local treatment, although it has no effect upon the toxic damage, if prescribed with caution, may ease the comfort of the patient. Throat irrigations, gargles and suction may bring relief. In laryngeal diphtheria, when mechanical relief of the obstruction is necessary, intubation is the most common method used. While wearing the tube the patient must be under constant supervision. If intubation proves unsuccessful or the obstruction is above the larynx, a tracheotomy must be resorted to. Here again the nurse must watch the patient constantly and keep the tube clean and patent.

PROPHYLAXIS. Highest mortality from diphtheria occurs between the ages of six months and five years. Infants



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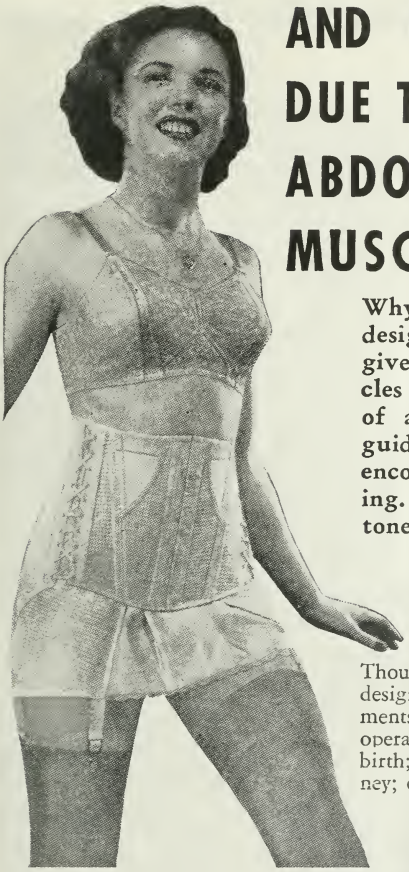

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born of mothers with established immunity are usually immune during the early months of life, but this congenital immunity usually wears off by six months of age. After this, immunity may be developed by contact with persons carrying the bacillus—*but* control is practicable only by active immunization. This is best secured by administering toxoid (a toxin treated so as to destroy its toxicity, but still capable of inducing formation of antibodies on injection), or toxin-antitoxin to all children in early life (six months to one year). To verify immunity, a Schick test should be done six months after the administration of serum. This is the injection intradermally of a minute amount of toxin in solution along with a control injection. If the individual is not immune, a positive reaction results and a distinct wheal appears within 24-48 hours. When a person has been exposed to the disease, active immunity takes too long to be of use and passive immunity may be necessary. This is the administration of 1,500 to 2,000 units of antitoxin. The immunity lasts from two to three weeks. In order to prevent direct or indirect contact of the patient with others, isolation, aseptic technique, and disinfection of all infective agents are of the utmost importance.

* * *

CONCLUSION. While diphtheria has not assumed the grave proportions of some of the other diseases, it is, nevertheless, a serious disease and should be controlled with every known and tried method. Public health nurses are aware of the dangers of the disease and are constantly on the alert for children who have not been properly immunized. All nurses should realize that any serious outbreak of diphtheria is unnecessary in the light of the success that has followed immunization. Although the disease has increased within the last few years, it should not be allowed to continue for diphtheria *can be controlled.*

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Case For Margarine

[*Continued from page* 33]

Fortified margarine must, in accordance with Federal regulations, contain at least 9,000 USP units of Vitamin A. Actually, over 99 per cent is fortified with 15,000 units. And the guaranteed amount of this vitamin content is printed on each package of margarine. Further, margarine contains substantial quantities of the three unsaturated fatty acids, essential to life and health. These are sometimes known as Vitamin F.

The fats and oils used in the manufacture of margarine contain some naturally yellow color. Under Federal regulations, however, these fats and oils must be bleached, a process which adds to the cost of manufacture, in order to make the white margarine.

A gadget called the Lovibund tintometer is employed to measure the amount of "white" in a sample of margarine. In 1931 Congress passed a law which is still in effect, requiring that any margarine which shows more than 1.6 degrees of yellow on the tintometer shall be taxed ten cents a pound.

On the other hand, artificial color is added to butter about eight months out of twelve without penalty. In the spring, when cows are pastured on green grass, the butter produced generally is very yellow. In the fall, with the grass no longer green, a butter which is light in color is produced, and butter manufacturers generally add color to give it a deeper yellow color. Furthermore, the artificial coloring added in butter is not uniform. It is colored differently for different markets, depending on consumer preference. For example, the butter sold in the New York market is lighter than butter sold in the Chicago market.

The addition of color to butter or margarine is not harmful, but it adds no food value beyond that associated with a color that is pleasing to the average individual because of his food habits.

As color varies in butter, so does the vitamin content vary from 500 to 20,000 USP units of Vitamin A; whereas the Vitamin A content set at 15,000 units in margarine is stabi-

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During the war, the Government ordered the margarine manufactured for Lend-Lease and for the use of our Armed Forces colored yellow. Consumers abroad and the men in the Armed Forces preferred it that way. Yet at no time has the consumer been able to get yellow margarine at home without paying ten cents a pound extra for it. Instead, the consumer is forced to buy white margarine and go to the trouble and waste of mixing in the color at home.

In 1947, it was estimated that American housewives used up nearly 11,500 years mixing coloring matter into margarine; the average time for home-coloring being 10 minutes per pound. Approximately 12,500,000 pounds of margarine are wasted a year in the home-mixing process.

Despite all the attributes which margarine now possesses, rigid Federal and state taxes and restrictions are maintained. First Federal laws regulating its sale and manufacture, laws demanded by the dairy industry, were enacted in 1886. Others were added in 1902 and in 1931.

In addition to a ten-cent tax on yellow margarine, a quarter of a cent tax on white, the Federal government imposes a license fee on the manufacturer of $600 a year. This law has been interpreted to mean that private hospitals, private charitable institutions, public eating places, and others which buy and color margarine must pay the yearly manufacturers' license fee of $600 plus the ten cents per pound tax. Also, 17 states prohibit or restrict

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the use of margarine in their state institutions.

A wholesaler must pay $480 a year for the privilege of selling colored margarine and $200 for selling uncolored margarine. Even the individual grocers are obliged to pay a special fee of $48 for selling colored margarine, $6 for selling the uncolored product.

Additional taxes for the same right are levied in many states ranging up to $1,000 a year for manufacturers and wholesalers and up to $400 for retailers.

Three states tax boarding houses up to $10 a year for serving it and four impose taxes up to $50 for restaurants; 23 prohibit colored margarine entirely; eight tax it from five to fifteen cents a pound. And two states impose a $1 per year tax on the private home using margarine purchased outside the state.

So it is, that after 62 years, the Federal government, and states too, still tax and regulate margarine—the only pure food in the land so restricted by our laws, for the benefit of another competitive product. This Federal action is somewhat of a paradox, inasmuch as margarine has been decreed one of the basic seven foods recommended by the government for good health.

There is danger in the diminution of butter production in America today. Before the war, the annual per capita consumption of all butter averaged about 16.6 pounds. This was a decline from the high point between the two wars of 18.5 pounds per capita in 1926. But by 1946, butter consumption had declined still further to 10.5 pounds per person. Reasons for this are two-fold: **(1)** the cattle population of the country has been dropping for several years, and **(2)** the dairy farmers' interest lies in expanding their market for fluid milk, for this is the most profitable market for their product. The share of the total dollar from dairy products which comes from butter is very small—15 per cent.

Thus, although margarine consumption increased from 230 million pounds in 1931 to 725 million pounds in 1947, the effect of decreasing butter production has been to keep the total of both spreads well below [*Continued on page* 84]

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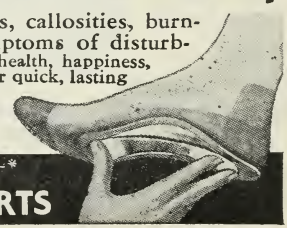

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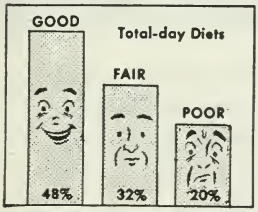

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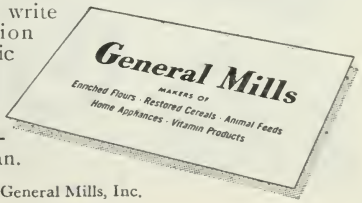
And there you have the basis of a valuable lesson in nutrition—simple, yet dramatic enough to interest the youngest school child. The Shinnston, West Virginia, teacher who uses a toy monkey to improve her pupils' eating habits, is just one of a growing number of similarly enterprising educators and other youth leaders. Using basic educational materials provided by General Mills, these leaders and health workers are increasingly devising new ways of including the study of foods in their health programs. And as a result of such study, they are reporting encouraging improvements in eating habits.

If you would like to know about General Mills "Program of Assistance in Nutrition and Health Education," write to: Education Section, Public Services Department, General Mills, Minneapolis 1, Minn.



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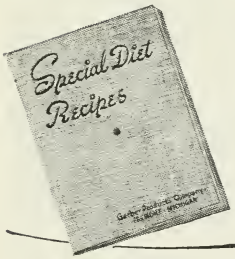

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WHITE CAPS

[*Continued from page* 47]

the other side; and a mechanical view of nursing." A little later she mentioned also the "imminent danger of stereotyping instead of progressing. No system can endure that does not march. Objects of registration are not capable of being gained by a public register."[8]

One may not, and perhaps should not, accept Florence Nightingale's concept of nursing *exclusively* as an externalization of mystical religion. But how does holding to it prove stagnation? It can be taken as a sign of stagnation only if one arbitrarily identifies a religious point of view with stagnation.

This is apparently what Dr. Robinson did. Consider this passage where he wrote that "as the mother-chief (Florence Nightingale) grew older, her letters to her dear children grew sweeter. Soft, sentimental and mystic, the aging Miss Nightingale writes ecstatic notes to the probationers: 'Our Heavenly Father thanks you for what you do. Lift high the royal banner of nursing. Christ was the author of our profession.' The atmosphere of St. Thomas' is medievalized: within its corridors is heard no echo of scientific investigation."[9]

St. Thomas' Hospital may indeed have become a "chain on the feet of the progress,"[10] but there is no evidence in what Dr. Robinson offered to suggest that Miss Nightingale's religious outlook was responsible.

It seems fair to say that Dr. Robinson thought Florence Nightingale's religious convictions contributed to the stagnation which he alleged encompassed St. Thomas' Hospital and Florence Nightingale. Going beyond this, he apparently considered the religious point of view unnecessary and a purely humanitarian attitude more sensible.

For example, he seemed to take satisfaction in the fact that the pledges of military nurses omitted the name of God and divorced nursing from religious conviction.[11] Why, precisely, it should be more sensible to devote oneself to suffering human beings for their own sake than to serve them for the love of God, Dr. Robinson did not say. Yet it was no merely humanitarian motive which led Florence Nightingale into the filth, squalor, disease and bitterness of Scutari, and to give her life to promote intelligent and devoted nursing.

The progress she made may not have been enough to satisfy Dr. Robinson. But it is simply gratuitous to speak of the alleged shortcomings of Florence Nightingale as "the foibles of the pioneer,"[12] and to insinuate that among those foibles were Miss Nightingale's faith in God and her profound and practical religious outlook both upon life and the nursing profession.

---

[1]"White Caps," Dr. Victor Robinson (New York: J. B. Lippincott, 1946) page 129
[2]"White Caps," page 127
[3]"The Life of Florence Nightingale," Sir Edward Cook (London: MacMillan and Co., 1913). 2 vols. ii, 364
[4]Cook, op. cit., ii, 359
[5]Robinson, op. cit., page 124
[6]Cook, op. cit., ii, 359-360
[7]Cook, op. cit., ii, 367
[8]Cook, op. cit., ii, 363
[9]Robinson, op. cit., page 126
[10]Robinson, op. cit., page 125
[11]Robinson, op. cit., page 357
[12]Robinson, op. cit., page 128

Two Weeks

[*Continued from page* 51]

orders on patients who were being admitted to the ward or being prepared for surgery. On the whole, we were able to plan our work better and give better attention to patients because we knew beforehand approximately what they would need.

We kept a chart of the steps taken by the nurses and the maid during a 15-minute period on the day shift. We charted the trips made from wards to rooms to hopper to kitchen to linen room back to wards and rooms, down the hall for ice and medication. Using a red pencil to record the trips made by the nurses and a blue pencil for the trips made by the maids, we had a very impressive chart to show the amount of extra steps necessary to care for patients on the ward. We presented this chart to the superintendent and the immediate result was that a combination linen and drug room was converted from an old cloak room, an ice cabinet was purchased for the floor, and recommendations went in for a bath tub and toilet to be installed as soon as possible. Of course, all of these things would eventually have come about but the chart precipitated them and the actual steps taken by the nurses and the maid were cut almost in half.

Instead of taking temperatures twice daily on the convalescent and preoperative patients, we took them only once, in the afternoon.

Catheterization trays were set up immediately following use after their contents had been sterilized.

The bed patients' baths were staggered and given only every other day. One day the ward patients were bathed, the next day, the private room patients. On alternate days, back rubs and change of linen were made to suffice for the patient in the way of morning care.

The medical students were requested to get the specimens they wanted and take them to the laboratory. Nurses were responsible only for the specimens which were either routine or "stat" orders from the patient's doctor.

Resident physicians and interns were requested to make their ward round and write orders as near as

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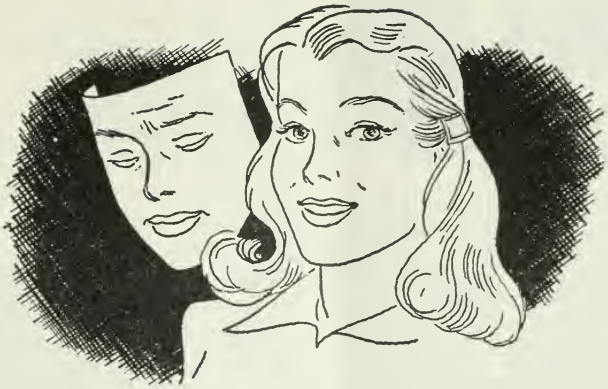

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possible to 1 o'clock. At this hour, just after lunch, the morning rush was easing up and it was long enough before the change of shifts that the orders could be carried out and charted by the time the 3-11 nurse reported for duty. Gentle insistence was needed to get the interns to cooperate but after awhile they saw our point and were willing to try it. Of course, there were always those few who gave us the impression that we were personally responsible for causing all the salpingitis, ovarian cysts, cervical tears and cystoceles that existed and their cooperation was anything but enthusiastic. However, time will probably wear them down and they will come around to seeing things from the nursing viewpoint.

Two weeks of working on the floor was almost too much for me. I certainly doff my cap to those of the profession who are giving their services in hospitals. I cannot but greatly admire their stamina and courage in working under the frustrating, trying conditions which I observed.

Since serving those two weeks, I have made it a rule to offer my assistance at a hospital on any day when I have a few free hours. It isn't much perhaps, but if other nurses in the same position will offer what time they have, things may ease up for those institutional nurses who are taking the brunt of the nursing shortage.

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"Who's To Hoe? . . ."

[*Continued from page* 27]

After reading the new report, we have three specific questions to place before the Committee on Structure:

1. If the districts are to work out the form of organization best adapted to our needs and thus set a pattern for state and national organization, why is even the most tentative plan for national and state set before them?

2. Who will establish the principles to guide the districts in their studies, provide outlines and measuring rods, suggest collateral reading, evaluate results? Will these guides come from the national committee or will each state and district work out its own?

3. Where shall we place our emphasis—on the new Plan en toto, on the district search for a new plan, or on both?

Perhaps it is that the tentative overall Plan is offered purely to stimulate thinking and to offer a framework on which to proceed. It seems to us most important that this issue, whether the study *actually* is to begin locally or not, be cleared before we proceed.

The Committee urges that every district and state appoint, or reactivate structure committees. To our way of thinking, if this is done, every committee should begin its work without any pre-conceived ideas and should form conclusions solely from the facts the study reveals. Also, they should outline objectives and determine how to achieve these objectives. There must be certain basic outlines, for in 155,000 members there are that many shades of experience with organization. The eight premises cover points so vital that they could be studied with profit for weeks, months and even years. How far shall we go?

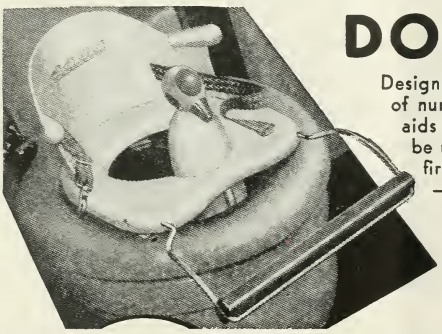
We must determine the subjects to be attacked in district study and clearly outline and arrange them in order of importance. As an example, every major subject could be arranged in three parts:

1. A statement of the problem itself.

2. A list of suggested readings.

3. A list of questions.

[*Turn the page*]



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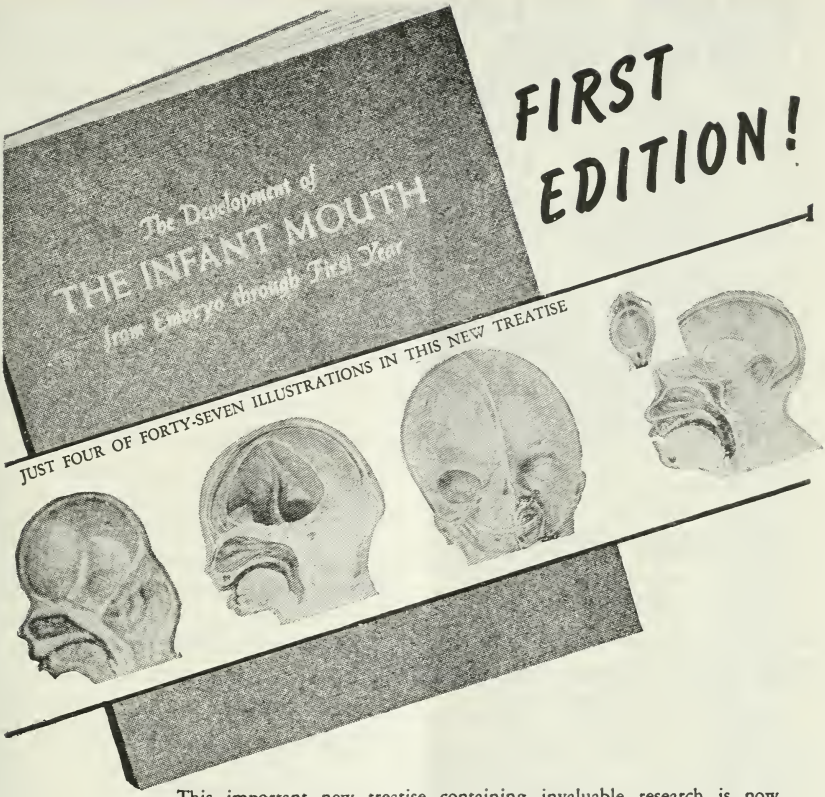

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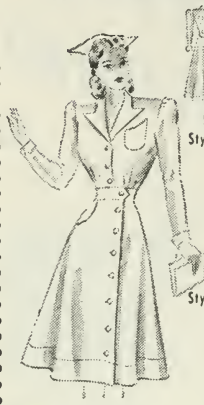

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What determines the right size of a district for effective work? How big is too big—how little is too little? Who will give us the principles for determining the answers? Districts have long been established on the basis of transportation facilities. What other factors besides numbers should enter into the study? The new plan suggests more "autonomy" for sections. Precisely what does this term mean? Could it be possible for sections to violate good principles of organization by too much self government? Surely this is an area where collateral reading—reading to compare our type of organization with others—is essential. As the purpose of nursing organization is of a dual nature, for the protection and advancement of the nurse herself and also for the better care of her patient, we must relate our program to the community's nursing needs and its health program. Carried to its logical lengths this premise brings in consideration of the layman, the practical nurse, and our relationships with allied groups. What are the high points to consider in determining community nursing needs?

There are other equally important questions involved in the "premises." Which of them takes precedence in the order of our study, or shall we attack them all simultaneously?

It is perhaps too early to ask these questions. Our purpose in doing so now is to focus attention on the need for: fixing the responsibility for guidance of the districts (Will this come from the national or state committees—or both?); establishing the prin-

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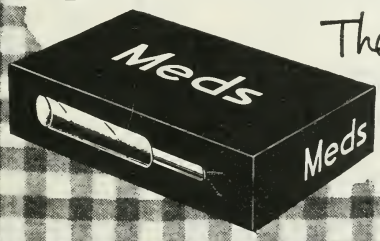

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ciples of our studies (Where shall we begin? How intensively shall we delve? How will our returns be evaluated?); furnishing outlines that enable us to understand the salient factors in each subject we take up for study.

These questions are asked only to clear the air before we proceed along the sound line of district activity laid down by the Committee. Committee resources are now greater than they were in the earlier study of structure and the Committee is eager to make these resources useful in responding to the *expressed will* and the questions of the members. The Committee wants comments and questions. This hard working group, every member of which has a pressing full-time job of her own, can help us only if we help it.

At this phase of the study, R.N.'s recommendations to the house of delegates would be to:

1. Endorse the principle of placing responsibility for working out an answer for a new plan of structure squarely on the district.

2. Endorse the principle that state and national plans be built upon what districts find useful.

3. Request practical down-to-earth outlines and measuring rods that will provide uniformity in study so that the returns from all districts can be given the same interpretation and be evaluated together.

4. Request that for the present the districts pre-occupy themselves with a study of the district, and hold the state and national plans in abeyance.

Finally, we urge every nurse to read the plan as published in the current issue of the *American Journal of Nursing*, ponder the questions we have asked here, talk the subject over with fellow nurses, and send or bring to the house of delegates your own questions, opinions, ideas and recommendations.

ALICE R. CLARKE, R.N.

[**As* R.N. *goes to press a joint meeting of the Six National Boards of Directors is scheduled for April 30 in New York City to consider principles of structure and prepare a plan for presentation to the ANA House of Delegates*—THE EDITORS]

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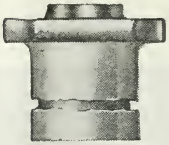
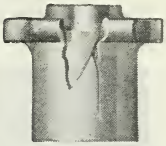
5 Tip broken by too great lateral pressure.

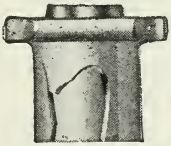
6 "Tip Crush" caused by wedging improperly fitting needle on tip.



7 Break typical of improperly annealed glass.



8 Break caused by wedging plunger when inserting.



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Stuttering

[*Continued from page* 36]

stuttering, so the child may also adopt their beliefs and become confused when normal nonfluencies do occur.

Preventive "treatment," therefore, advises parents to create a semantic environment in which disapproval and scolding are held to a minimum; react to the child's speech in such a manner that he senses approval from others; refrain from remarking about normal hesitations and repetitions in the child's speech; refrain from giving the child instructions on "how to speak"; and enlarge the child's vocabulary so he may express himself with greater ease, thereby reducing the number of nonfluencies which would have occurred had such words been foreign to his limited vocabulary.

Case For Margarine

[*Continued from page* 70]

prewar, and for many groups, below what may be termed a nutritionally desirable level.

Today approximately 31,839,000 American families (84 per cent, or four out of five) use some margarine as compared to 65 per cent two years ago. And that many Americans can't be wrong about a food product that gives them so much for so little.

Congress will eventually accede to the demands they hear in the "Voice of America . . ."

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You've heard about Hollywood and its "yes"-men—but have you ever heard about the mecca for "no"-men?

It's Cutter's testing department—where Saftiflask Solutions are put through purges that make the Gestapo look sissy!

So tough, in fact, are Cutter testing technicians that they put solutions to the same meticulous tests they use on delicate vaccines and serums—figuring, no doubt, that any material designed for *mass* intravenous injection should be equally dependable.

This ivory tower attitude is not aimed at pleasing Cutter production men—who not so fondly refer to the testers as "stinkers." But it does pay off in safer solutions for *you.*

Add to such assurance the smooth performance of Saftiflask equipment—and you'll see why so many doctors and hospitals specify Cutter Solutions in Saftiflasks. You'll surely find it worth your while, too.

CUTTER LABORATORIES

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News

[*Continued from page* 49]

The promised concessions include changes in the way physicians may be paid and in the provisions which could make full-time salaried work obligatory. Also granted was a demand for further study of the controversial points covering partnership agreements between doctors.

▶ JAPANESE nursing standards are expected to benefit by the refresher courses instituted recently at Tokyo Red Cross headquarters. Representatives from 31 nursing schools throughout Japan have been enrolled in the four-week courses, which cover re-education in modern nursing and special training in the instruction of others.

▶ THE CRISIS IN ENROLMENT has passed according to Blanche Graves, Nebraska State Director of Education and Registration of Nurses. She is referring specifically to the student loss which reached its "black Friday" in 1946 when the Nebraska attrition rate was more than 54 per cent. She accounts for the "steadier" enrolment now because the Cadet Nurse Corps program is no longer doing the financing and it is harder for the students to explain to their dads, who are footing the bills, when they drop out of training.

▶ A STRIKE of 1,300 male nurses and orderlies, followed by furious rioting, endangered the lives of 2,500 hospital patients and resulted in 125 casualties and the arrest of 517 persons in Cairo, Egypt, last month. One nurse, thrown from a window when he refused to take part in the fighting, was injured fatally. Medical students, in sympathy with the strike, joined the battle, which continued for several hours before police could restore order in the two hospitals affected.

Boiling water, kitchen utensils, blazing mattresses and slabs of concrete were hurled at the police from windows and roofs of the buildings where the strikers had barricaded themselves. Patients and women nurses were terrorized when ringleaders threatened to set fire to the

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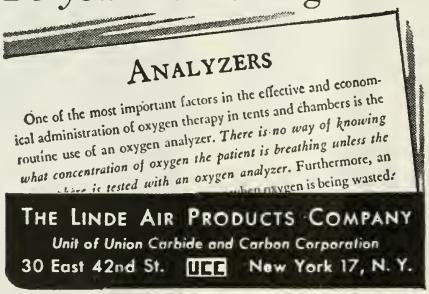

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A simple form of buffered solution is an ideal medium for eye drops. An alkaline solution is less irritating and is a suitable medium for certain drugs. An alkaline buffered solution is a soothing, cleansing, non-irritating medium and does not interfere with the normal functioning of the conjunctiva.

Murine meets all of the above desiderata, and blends perfectly with the natural fluids of the eye. It is essentially a mechanical cleansing agent, harmless to the tissues of the eye, and may be used as often as desired. Murine is an adjuvant to the cleansing action of lysozyme and *does not inhibit its functions.*

Murine's formula combines the following ingredients: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerin, Hydrastine Hydrochloride, 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) .001%, combined with sterilized water.

The method of compounding these ingredients eliminates all side reactions or formation of unlooked-for chemical realignments, thereby guaranteeing the true and unadulterated percentages of the formula in the final product.

All of the above considerations, taken together, are the factors that make Murine a highly desirable synergistic non-irritating collyrium.

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buildings after the police had resorted to the use of machine-guns and tear gas. When the rioting was finally quelled, the hospitals announced that all male nurses would be replaced by women.

Cause of the strike was a demand for higher pay and better working conditions—the same issues involved in a police strike which had been settled only one day earlier.

► "IT'S NEWS TO ME": Polio cases reported to the U.S. Public Health Service in 1947 totaled 10,734, compared to 25,698 in 1946 . . . Preparedness to meet a possible attack upon New York City was discussed recently at a joint meeting of the Academy of Medicine and the metropolitan chapter of the Association of Military Surgeons . . . A $10,000 grant from the W. K. Kellogg Foundation is being used by the Michigan Nursing Center Association to expand its field service . . . Sulfone treatment for leprosy, as administered at the National Leprosarium, Carville, La., during 1946, is reported to have cut the number of deaths by more than 50 per cent and doubled the number of arrested cases . . . Blood transfusions in the U.S. now total about 2,000,000 a year, according to blood bank reports . . . Legislation providing for U.S. membership in the World Health Organization, after being passed unanimously by the Senate, encountered House committee coolness. Some Congressmen were said to fear that implications of socialized medicine were inherent in the measure . . . A

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WITH THE EXCLUSIVE NON-TIP CARTON STAND—10¢ & 25¢ SIZES

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AVAILABLE AGAIN EVERYWHERE—15¢ & 25¢ SIZES

but more nurses take to Griffin— their favorite white shoe cleaner

Again in 1947, in a nation-wide survey nurses voted GRIFFIN ALLWITE their favorite white shoe cleaner, because . . .

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Either way . . . in the economical bottle, with its neat applicator and non-tip carton that prevents spilling . . . or the tube that's always handy and so convenient to carry in your bag . . . GRIFFIN ALLWITE keeps your shoes sparkling white.

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"hospital version" of a projected Broadway comedy, "For Dear Life," is scheduled for presentation at various veterans' hospitals in the New York area . . . Back in 1910, the country had one nurse for every 1,116 persons; in 1946, the ratio was one for every 316 . . . Nurses recruited for polio outbreaks are paid by the National Foundation for Infantile Paralysis, says the Red Cross, adding that some of its volunteer nurses' aides have been given special training in the care of convalescent victims.

► NURSE ANESTHETISTS are being "sniped at," says an editorial in *Trustee*, which charges that "distortion and misrepresentation" have been resorted to in an organized publicity campaign to glorify M.D. anesthesiology. The publication, a journal for governing boards, is issued by the American Hospital Association.

Contention is made that the medical specialty has been so dramatized in popular magazines that nurse anesthetists have been discredited and the public led to believe that no operation is safe unless the anesthetic be given under the supervision of a doctor certified by the American Board of Anesthesiology.

Pointing out that the Board had only 325 members a year ago, the editorial notes that this is but one M.D. for every 20 registered hospitals; and that totally, including 3,732 nurse anesthetists, the country now has but 5,157 trained persons to

A Stream of Comfort

WHEN the bedridden patient cries out for relief from the itching, burning and smarting of pressure sores, sheet burns, simple rash, minor rectal or vulval irritation—there's comfort in the soothing touch of Resinol.

When baby's skin is chafed and red from dry eczema or diaper rash—the bland medication in Resinol gently allays fiery stinging and itching.

When the children come running with a burned finger or scraped knee—oily, time-tested Resinol gives quick comfort. When *you* suffer from burning, cracked, blistered feet—use Resinol for lingering relief.

This stream of comfort stems from the special and carefully blended Resinol ingredients.

Convince yourself how comforting and delightfully refreshing Resinol Ointment and Soap can be. Write today to Resinol Chemical Co., RN-38, Balto. 1, Md. for free sample of each.

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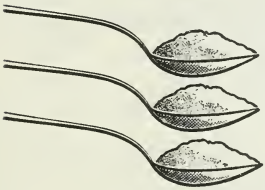

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stimulates peristalsis and promotes speedy but gentle evacuation

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Nurses who try TRESAN for primary dysmenorrhea say they receive real relief from this monthly discomfort.

TRESAN provides smoother, more efficient analgesic action. It is also helpful for simple headaches and neuralgias, bodily discomfort from colds, and certain types of colic.

TRESAN tablets contain 1/128 gr. *atropine aminoxide hydrochloride*, 1½ gr. acetophenetidin, 3½ gr. acetylsalicylic acid . . . a combination that extends TRESAN's usefulness beyond general analgesics alone.

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meet the needs of 6,280 institutions. Thus, concludes *Trustee,* the real problem is a matter of training many more—R.N.'s as well as M.D.'s.

▶ NAMES IN THE NEWS: Mrs. Florence Seder Burns, a public relations consultant in the nursing field and formerly with the ANA Nursing Information Bureau, has become a staff associate of the Michigan Nursing Center Association, with headquarters in Lansing . . . Mrs. Ruth Bergamini, Kathryn A. Robeson and Lucille E. Notter have been named assistant directors for personnel, administration and education, respectively, for the Visiting Nurse Service of New York . . . The U.S. delegation at the fifth International Leprosy Congress in Havana last month was headed by Perry Burgess, president of Leonard Wood Memorial, and included Drs. F. A. Johansen, E. R. Kellersberger, Norman Sloan, and Malcolm H. Soule . . . In a recent letter to the *New York Times,* Ella Best, executive secretary of the ANA, declared that "the present nursing crisis results from an overwhelming demand for nursing service, rather than from a nursing shortage" . . . Anna Fillmore of New York was appointed as General Director of the National Organization for Public Health Nursing.

▶ ANY OLD UNIFORMS? Bruck Uniform Shops with headquarters at 640 Madison Avenue, New York 22, N.Y., has instituted a new service designed to give a boost to the morale of nurses in the war-

for troubles that are skin deep

B•F•I Antiseptic First-Aid Dressing and Surgical Powder is an efficient, antiseptic, dry, surgical dressing. Protective . . . astringent . . . absorbent . . . soothing . . . it is particularly useful in the treatment of cuts, burns, abrasions, chafing, scratches, athlete's foot and other minor wounds and skin irritations.

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The PERSONAL INSECTICIDE

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devastated countries. The firm has offered to collect donated nurses' uniforms, replace buttons where necessary and make the shipments abroad.

Bruck Shops, which has a number of customer services for nurses in our own country, decided on this move when an increasing number of nurses returning from overseas brought back the word that there was a desperate need abroad for nurses' uniforms and equipment. These returned nurses were all of the same mind—that even gifts of old uniforms, if clean, serviceable and having some semblance of neatness, would do much for the morale of fellow nurses in less fortunate parts of the world.

Bruck Shops gladly accepted the important task of collecting and distributing the uniforms and are now calling on nurses everywhere to send in their worn uniforms. Donations can be sent to Bruck's Overseas Uniforms in New York City or to their Chicago, Pittsburgh and Detroit stores. These addresses are: Bruck's Overseas Uniforms, 17 North State Street, Chicago, Ill.; 627 Smithfield Street, Pittsburgh, Pa.; 2539 Woodward Avenue, Detroit, Mich.

▶ SISTER KENNY, stormy petrel (f.) of the medical world, went into action on a new front last month with the opening of a Kenny Institute for Infantile Paralysis at the Jersey City (N.J.) Medical Center. The institute, first to be established in the East and the second in the country, ocupies two entire floors. Facilities include 100 beds, isolation and outpatient departments, and a technical training center headed by Miss V. Harvey, Australian nurse, described by Sister K. as "the best Kenny technician available in the world." The publicity-wise founder of the much-discussed therapy system took advantage of the occasion to urge that an official investigation of her methods be made by a conference of physicians and laymen. A previously established institute is in Minneapolis.

▶ IN PALESTINE last month, the safety of thousands was being jeopardized as the International Red Cross asked Arab, Jewish, and British authorities to abide by Geneva convention rules covering wartime protection of the sick and wounded, respect for the dead, and security for non-combatants and prisoners of war. Pledges in writing were requested, and a Red Cross relief program was being readied. A fund of $250,000 to administer the program was to be asked of the three warring factions.

▶ RELATIVELY LOW PAY and unattractive working conditions are to blame for the nurse shortage, says Richard Thruelson, associate editor of The Saturday Evening Post in his article, "Registered Nurse," which appeared in the April 3 issue of that publication. Quoting a recent Department of Labor figure, which lists the average nurse's wage at $40 for a 44-hour week, Mr. Thruelson calls it "a lean pay check for a job requiring at least three years of specialized schooling." Nurses, he says, "would like to catch up with our 50-cent

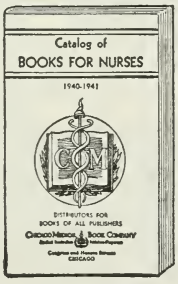
dollar." He concludes that "somebody forgot the nurse when we started dealing out the better (and more expensive) way of life. Except for the staffs of a few of the more advanced urban institutions, today's angel of mercy is trying to fly on one wing."

▶ AN APPEAL to nurses to donate a day's pay to the American Overseas Aid-United Nations Appeal for Children has been made by Ella Best, Executive Secretary of the ANA. The relief agency is endeavoring to raise a fund of $60,000,000 by the end of this month. Fund headquarters are at 39 Broadway, New York 6, N.Y.

▶ BROOKLYN'S Visiting Nurse Association made 145,529 calls on 25,602 patients last year, employing 108 nurses in home-to-home visits. Sixteen additional staff nurses were assigned to a special district project being carried out in cooperation with the city health department. The association spent $422,084, received $132,839 for services during the period, according to the group's 60th annual report.

▶ A BLOOD BANK system, nationwide in scope and capable of meeting any eventuality caused by an atomic bomb attack, is being set up by the American Association of Blood Banks. Plans call for the correlation of techniques and equipment, enabling the country's 1,200 banks to join hands in coping with any emergency. A meeting to discuss scientific aspects of the program and possible international cooperation is scheduled for Buffalo in August.

▶ VETERANS enrolled in full-time institutional training are receiving authorized increases in their subsistence allowances as of May 1, says the VA. The monthly increases amount to $10 for those without dependents, $15 for those with one dependent. Veterans with two or more dependents who have been receiving $90 monthly are automatically being allowed $105; in order to receive the authorized $120 per month, they "must submit satisfactory evidence of the additional dependent," says the VA. "If this evidence is received on or before July 1, the $120 allowance may be retroactive to include the



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Here's how the Spirella system of corsetry works in cases of problem figures: First the Spirella Corsetiere adjusts the exclusive Modeling Garments on the patient in the doctor's presence. This permits him to check the degree of support in the fluoroscope if he desires. Then, measurements are taken over the figure—properly supported by the Modeling Garments. From these correct measurements the finished garment is individually made.

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month of April. If the evidence is received after July 1, the $120 rate will be authorized only from the date such evidence is received." An explanation of what constitutes satisfactory evidence may be obtained from the nearest VA office.

▶ DR. HELEN B. TAUSSIG and Dr. Alfred Blalock have been named co-winners of the annual award of the Passano Foundation, established in 1944 by the medical publishing house of Williams and Wilkins to aid medical research. Dr. Taussig is the first woman to win the award. She and Dr. Blalock, members of the faculty at Johns Hopkins Medical School, developed the famed "blue baby operation," a procedure which has been utilized in more than 600 cases at Johns Hopkins since it was first performed in 1944. Presentation of the $5,000 cash award will be made in Chicago next month during AMA convention week.

▶ PRACTICAL NURSES in New York State who are registered with the State Department of Education for the two-year period ending Aug. 31, 1948, have been sent renewal cards for the next biennial period, the department announces. "These cards should be filled out and returned with a $2 fee," says the department, adding that "the cards should not be spindled, bent or mutilated in any way." The nurses are further cautioned to notify the department immediately of any change in address which has not been reported previous to this time.

▶ BRITISH HOSPITALS, hit by shortages of student nurses, are being forced in some instances to recruit trainees abroad, according to Reuters, the British news agency. Cited as typical of the movement is an advertising campaign in French, Belgian, and Dutch newspapers soliciting applications for student nursing posts at the Schenley Mental Hospital in Hertfordshire. The hospital is under the jurisdiction of the Middlesex County Council, which is said to have gone over the heads of the Ministry of Labor in placing the advertisements. The shortage is reported to be most acute in mental institutions.

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COMBINATION BATH AND TABLE

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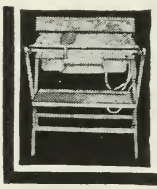
Look for the *Patented Headrest* on Bathinette Hammock. Supports baby's head; leaves mother's hands free for bathing baby. *Patented Flexible Dressing Table* is controlled by simple *fingertip* operation. Equipped with Shelf for baby's things and Spray for filling Tub and rinsing baby. All *Bathinette Fabric Parts* are *Vinyl Plastic Waterproofed . . . washable* right on "*Bathinette*".



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Kills head, body, crab lice, and their eggs... on contact!

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A. A-200 has *proved* to be a sure-fire, fast killer of lice... at the same time being NON-POISONOUS, NON-IRRITATING, and leaving no TELL-TALE ODOR!

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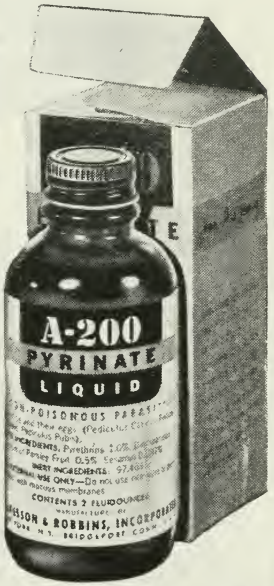
C. ONE trial convinces users... they are unlikely to return to old-fashioned, irritating, perhaps dangerous, less-effective remedies.



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Candid Comments

[*Continued from page* 31]

not only practitioners, of nursing. The big issues involved will not be money or hours, but how free, wide, active and mature are your minds. The lesser things will then come naturally. "The business of the young generation is one of rebellion" says Dr. Edman of Columbia University. He means don't accept every tradition as the law of Moses. Examine, question, explore every rule and rite you inherit.

Belong to your professional organizations; be *of* them—think for your profession; talk for it; fight for it; and I promise that not only will you have a very good time but also a very good life. No one who has made nursing a lifetime job has had an easy life, but who wants an easy life? It would be as dull as dish water. We veterans have found nursing packed with the satisfactions that make living a beautiful, zestful experience. Some nurses, unhappily, see only its hardships, but the most are like the Ohio nurse who said, "I hope when I get old that my mind will stay clear. Legs, arms and even eyes may fail but I want my memories. Nursing is such a beautiful way to live." Perhaps that is why so many of its veterans can "look on life with quiet eyes." They are rich in the only things that endure.

[*The Editors believe that, although this article is directed to student nurses, many new "graduates" may find in it an inspiring message.*]

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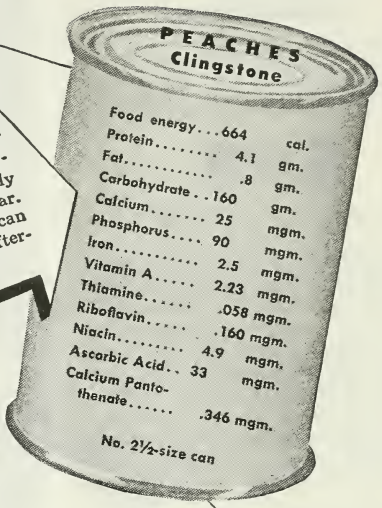
WHAT'S IN A CAN OF PEACHES!

A continuing research project to determine nutritive values in commercially canned foods is now in its sixth year. Studies conducted in leading American universities reveal average, net-after-processing values.



TO DATE, the results of this research, sponsored by the National Canners Association and the Can Manufacturers Institute, have been published in more than twenty scientific papers. The above figures for canned peaches are typical of data now available for the 41 commercially canned foods which represent almost 50% of our national consumption of all canned foods.

THE MORE YOU STUDY the nutritional facts about canned foods—and consider their economy and availability—the more you will feel justified, we are sure, in recommending them to all those who look to you for nutritional guidance.

FREE!

OUR NEW BOOKLET, "Canned Foods in the Nutritional Spotlight," *tabulates* nutritive values by individual foods and *charts* foods by rank as sources of six chief vitamins, three minerals, fat, protein, and carbohydrate. For your free copy, address: Can Manufacturers Institute, Inc., 60 East 42nd Street, New York 17, N. Y.

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"THE CRAFTON" — White Rock creates a happy combination of warm-weather comfort and new-look beauty in this square neck, collarless model. Superior sharkskin remains fresh and crisp-looking even on melting days. Detachable fresh water pearl buttons from neck to hem. 3 pockets, including inside instrument pocket. Set in belt and yoke back. Flared skirt with wide hem. Wash by hand for best results. Sizes: 12 to 20, Juniors 9 to 15. Long or short sleeves.

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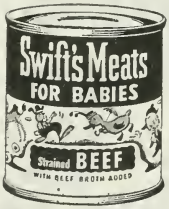

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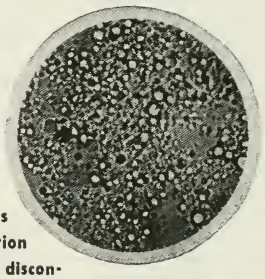

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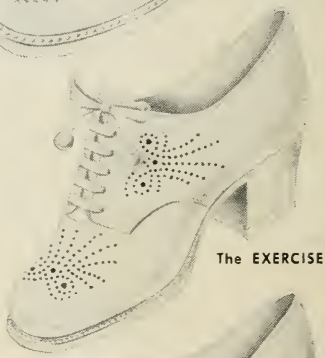

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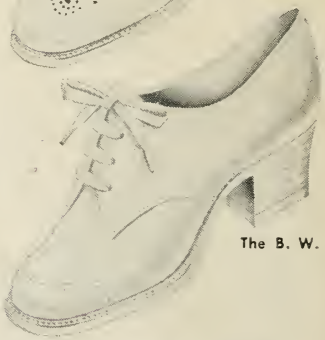

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